

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthern
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 JAN 25 PM 3

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 700045 (8)
1. Corporation Name
FAITH LUTHERAN CHURCH OF DUNEDIN, FLORIDA, INC.

Principal Place of Business Mailing Address
1620 PINEHURST ROAD 1620 PINEHURST ROAD
DUNEDIN FL 34698 DUNEDIN FL 34698

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/10/1959 3a. Date of Last Report 03/02/1994
4. FEI Number 59-6135434 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SONTAG, MARTIN
2020 VALLEY DRIVE
DUNEDIN FL 33528

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE RA
NAME SONTAG, MARTIN
STREET ADDRESS 2020 VALLEY DRIVE
CITY-ST-ZIP DUNEDIN, FL 00000

TITLE TD
NAME APEL, NORMA
STREET ADDRESS 884 JAMES ST
CITY-ST-ZIP DUNEDIN FL

TITLE PD
NAME DIBBLE, DAVID
STREET ADDRESS 1478 SAN DIEGO DR.
CITY-ST-ZIP DUNEDIN FL

TITLE SD
NAME HANS, CONNIE
STREET ADDRESS 270 ALPINE CT.
CITY-ST-ZIP PALM HARBOR FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TD JANET MARRIOTT
1512 CASCADE CT
DUNEDIN, FL 34698

SD BARBARA MILLER
1451 SAN DIEGO DR
DUNEDIN, FL 34698

14. I do hereby certify that the information supplied with this filing to voluntarily liquidate and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Janet Marriott JANET MARRIOTT 1/21/95 (83) 733-2657
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Name)