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FILED

Mar 24 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 700045 (8)

1. Corporation Name

FAITH LUTHERAN CHURCH OF DUNEDIN, FLORIDA, INC.

Principal Place of Business

1620 PINEHURST ROAD
DUNEDIN FL 34698

Mailing Address

1620 PINEHURST ROAD
DUNEDIN FL 34698-38423. Date Incorporated or Qualified
10/10/19593a. Date of Last Report
02/26/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

4. FEI Number

59-6135434

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and vice if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD
NAME SONTAG, MARTIN
STREET ADDRESS 2020 VALLEY DRIVE
CITY-STATE-ZIP DUNEDIN, FL 00000☐ DELETETITLE TD
NAME MARIOTT, JANET
STREET ADDRESS 1512 CASCADE CT
CITY-STATE-ZIP DUNEDIN FL☐ DELETETITLE SD
NAME DURRANCE, CHRISTINE
STREET ADDRESS 1134 NEW YORK AVE
CITY-STATE-ZIP DUNEDIN FL☒ DELETETITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Christy Medcalfe
1.3 STREET ADDRESS 2132 Cedar Drive
1.4 CITY-STATE-ZIP Dunedin, FL 34698☐ Change☒ Addition2.1 TITLE C
2.2 NAME Janet Marriott
2.3 STREET ADDRESS 1512 Cascade Ct
2.4 CITY-STATE-ZIP Dunedin, FL 34698☒ Change☐ Addition3.1 TITLE VD
3.2 NAME Howard Jones
3.3 STREET ADDRESS 805 Bay Street
3.4 CITY-STATE-ZIP Palm Harbor, FL 34683☐ Change☒ Addition4.1 TITLE TD
4.2 NAME Geri Hark
4.3 STREET ADDRESS 8014 St John Drive
4.4 CITY-STATE-ZIP Clearwater, FL 34619☐ Change☒ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP☐ Change☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP☐ Change☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0069423

CR2E037 (9/96)