NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

5.3 STREET ADDRESS

6.3 STREET ADORESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

51TITLE

5.2 NAME

6.1 TITLE

62 NAME

☐ DELETE

DELETE

DOCUMENT # 700045

FAITH LUTHERAN CHURCH OF DUNEDIN, FLORIDA, INC.

3014 ST. JOHN DRIVE CLEARWATER FL

21

22

23

24

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

TITLE

NAME

TITLE

NAME

FILED Feb 22, 1999 8:00 am **Secretary of State**

02-22-1999 90088 028 ****61.25

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Principal Place of Business Mailing Address															
1620 PINEHURST ROAD DUNEDIN FL 34698 1620 PINEHURST ROAD DUNEDIN FL 34698															
2. Principal Pl	ace of Business	2a.	Mailing Address					1	Date Incorporated or Quali	fed					
Suite, Apt.	#, etc.		Suite, Apt. #, etc.						FEI Number 59-6135434			 	pplied	For plicable	
City & State	9	27 -	City & State	<u> </u>				一	Certificate of Status Desire	d []	\$8.75 Fee R	Addit	tional	
Zip	Country 25	29	Zip	Co.	intry			1	Election Campaign Financi Trust Fund Contribution	ng []	\$5.00 Added			
4	9. Name and Address of Current		tered Agent	100	1			<u>. </u>	Name and Address of No	w Regi	stered A	Agent			
	3. Name and Address of Content	Rogio	torca Agont		81	Name									
SONTAG, MARTIN					82	Street /	Addres	ss (P.	O. Box Number is Not Acc	eptable))				
2020 VALLEY DRIVE					83										
DUNEDIN	FL 33528							_							
					84	City					FL		Code		
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	of Florid	ia. Such change was a	iuthorize	a by '	tne corpo	corpor	ration 's boa	submits this statement for ard of directors. I hereby a	the purpocept the	pose of c e appoin	changing its treent as re	s regi agiste	istered ered	
SIGNATURE									- College		DATE				
	Signature, typed or printed name of registered agent			Registere		t signature r	equired w		DDITIONS/CHANGES TO			OURECTO	DRS.	IN 12	
12.	OFFICERS AND) DIRE	DELETE	1.1 T				^	DDITIONS/CHANGES TO	OFFICE	-110 714	Change		Addition	
TITLE	PD		Deceir			ļ	TI	0					•	•	
NAME	MEDCALFE, CHRISTY				AME		Ľa	aur	a Griffiths					ļ	
STREET ADDRESS						ADDRESS	10	213	Patriot Pl	D	unec	din.	FL	34698	
CITY-ST-ZIP	DUNEDIN, FL 00000		DELETE	_	ITY-ST	T-ZIP						☐ Change		Addition	
TITLE	C		SCI DELETE	2.1 T								onlarige	٠.		
NAME	MARRIOTT, JANET				IAME									j	
STREET ADDRESS	1512 CASCADE CT.			1		ADORESS								1	
CITY-ST-ZIP	DUNEDIN FL				CITY-S	T-ZIP						Change		Addition	
TITLE	VD		☐ ĐELETE	3.1 T								Ollarige	L		
NAME	JONES, HOWARD				IAME										
STREET ADDRESS	305 BAY STREET			3.3 S	TREET	ADDRESS]	
CITY-ST-ZIP	PLAM HARBOR FL				CITY-S							No Charter		Addition	
TITLE	TD		☐ DELETE		MÉ	۰			<u>.</u>			Change Change	L	Addition	
NAME	HARK, GERI			4.21	NAME	ļ	SI	D	•						
STREET ADDRESS	3014 ST. JOHN DRIVE			4.3 S	TREET	FADDRESS]								
	OLEANIALTED EL					_ 1	i e							1	

14. I hereby certify that the information supplied with this filling 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 supplies with this implemental 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 or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

REQUASSIES HS

(727)733-2800

Change

☐ Change

☐ Addition

☐ Addition