## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 20, 2005 8:00 am Secretary of State **DOCUMENT # 700045** 1. Entity Name 04-20-2005 90338 006 \*\*\*\*61.25 FAITH LUTHERAN CHURCH OF DUNEDIN, FLORIDA, Principal Place of Business Mailing Address 1620 PINEHURST ROAD 1620 PINEHURST ROAD DUITEDIN FL 34698 **DUNEDIN FL 34698** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. 1st MOORE CR2E037 (10/04) Applied For City & State City & State 4. FEI Number 59-6135434 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SONTAG, MARTIN Street Address (P.O. Box Number is Not Acceptable) 2020 VALLEY DRIVE **DUNEDIN FL 33528** Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11 TITLE ☐ Delete THILE HAYDEN, LOIS NAME NAME 1536 SAN CHRISTOPHER DRIVE STREET ADDRESS STREET ADDRESS DUNEDIN FL 34698 CITY-ST-ZIP CITY-ST-ZIP THLE ☐ Detete TITLE Change ☐ Addition avid Saunders EASTERDAY, JULIE NAME 2692 BOLONY DR agsa Hadleign STREET ADDRESS STREET ADDRESS **DUNEDIN FL 34698** 33761 CITY-ST-ZIP CITY-ST-ZIP TSD TITLE ☐ Delete TITLE ☐ Change Addition HARK, GERALDINE NAME NAME 3014 ST JOHN DRIVE STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CLEARWATER FL 33759 CITY-ST-ZIP SBD TITLE ☐ Delete THILE Change ☐ Addition Louise Ruckriegel STANGE, SANDRA NAME NAME 1805 SAN MATED 2174 SCOTLAND DR STREET ADDRESS STREET ADDRESS CLEARWATER FL 33763 34698 CITY-ST-ZIP CITY-ST-ZIP TIFLE ☐ Delete TITE F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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ATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR lois Hayden SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

THUE

NAME

**FILED** 

☐ Change

☐ Addition