

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702972

FILED  
May 09, 2007  
Secretary of State

**Entity Name:** FAITH EVANGELICAL LUTHERAN CHURCH OF LEHIGH ACRES, FLORIDA, INC.

**Current Principal Place of Business:**

705 E. LEELAND HTS. BLVD.  
LEHIGH ACRES, FL 33936

**New Principal Place of Business:**

**Current Mailing Address:**

705 E. LEELAND HTS. BLVD.  
LEHIGH ACRES, FL 33936

**New Mailing Address:**

**FEI Number:** 59-2330940      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MCINTYRE, EDWARD  
1211 HIBISCUS AVE  
LEHIGH ACRES, FL 33970      US

**Name and Address of New Registered Agent:**

MOLL, BARRY  
1404 ARCHER ST  
LEHIGH ACRES, FL 33972      US

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.

SIGNATURE: BARRY MOLL

05/09/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TD      ( ) Delete  
Name: MOLL, BARRY  
Address: 1404 ARCHER ST  
City-St-Zip: LEHIGH ACRES, FL 33972

Title: VD      ( ) Delete  
Name: WEST, ELEANORE  
Address: 1300 WOODWARD CT, #73  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: PD      ( ) Delete  
Name: MCINTYRE, ED  
Address: 1211 HIBISCUS AVE  
City-St-Zip: LEHIGH ACRES, FL 33970

Title: SD      ( ) Delete  
Name: CRAIG, EDITH  
Address: 106 WELLS AVE  
City-St-Zip: LEHIGH ACRES, FL 33972

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD      (X) Change ( ) Addition  
Name: MOLL, BARRY  
Address: 1404 ARCHER ST  
City-St-Zip: LEHIGH ACRES, FL 33972

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD      (X) Change ( ) Addition  
Name: VESPER, JEANETTE  
Address: 14 TEMPLE CT  
City-St-Zip: LEHIGH ACRES, FL 33936

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARRY MOLL

PD

05/09/2007

Electronic Signature of Signing Officer or Director

Date