2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705086

FILED Jun 20, 2006 Secretary of State

Entity Name: FAITH EVANGELICAL LUTHERAN CHURCH OF DELAND INC.

Current Principal Place of Business: New Principal Place of Business: 509 E PENNSYLVANIA AVE. DELAND, FL 32724 **Current Mailing Address: New Mailing Address:** 509 E PENNSYLVANIA AVE DELAND, FL 32724 FEI Number: 59-0914204 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) 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: Name and Address of New Registered Agent: WHITE, BYRON W SR WOLFF, ROBERT C 1064 TORCHWOOD DR 1812 CÓCO PALM DRIVE DELAND, FL 32724 EDGEWATER, FL 32132 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: THE REV. ROBERT C. WOLFF 06/20/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete STILLING, JUNE Name: Name: 2510 DELEON DRIVE Address: Address: City-St-Zip: DELAND, FL 32724 City-St-Zip: Title: PD () Delete Title: PD (X) Change () Addition BARICHIVICH, JOHN Name: ROGERS, ROBERT Name: Address: 621 LANTERN LANE Address: 113 WESTCOTT LANE City-St-Zip: ORANGE CITY, FL 32763 City-St-Zip: DELAND, FL 32724 Title: () Delete Title: (X) Change () Addition CORNWELL, JEAN LARSON, LLOYD Name: Name: 951 OAKWOOD ROAD 600 E. MINNESOTA AVE. Address: Address: City-St-Zip: ORANGE CITY, FL 32763 City-St-Zip: DELAND, FL 32724 Title: () Delete Title: () Change () Addition POMEROY, DOROTHY Name: Name: 667 LEAVITT AVENUE Address: Address: City-St-Zip: ORANGE CITY, FL 32763 City-St-Zip: Title: DS () Delete Title: DS (X) Change () Addition SUTTON, CAROL SUTTON, CAROL Name: Name: 2692 AUDUBON AVENUE 2694 AUDUBON AVENUE Address: Address: City-St-Zip: DE LEON SPRINGS, FL 32130 City-St-Zip: DE LEON SPRINGS, FL 32130 Title: () Delete Title: (X) Change () Addition MARTINEZ, CORINNE HOEL, MARCIA Name: Name: Address: 1162 GLEN FALLS RD. Address: 509 HOLLY LANE DELAND, FL 32720 City-St-Zip: DELAND, FL 32724 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT ROGERS PD 06/20/2006