


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90012 009 \*\*\*\*70.00

|  |  |   |   |   |  |
|--|--|---|---|---|--|
| <b>DOCUMENT # 705086</b><br>1. Entity Name<br><b>FAITH EVANGELICAL LUTHERAN CHURCH OF DELAND INC.</b>  |  |   |   |    |  |
| Principal Place of Business<br><b>509 E. PENNSYLVANIA AVE.<br/>DELAND, FL 32724</b>  |  |   | Mailing Address<br><b>509 E. PENNSYLVANIA AVE.<br/>DELAND, FL 32724</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |   |   |  |
| City & State   |  | City & State  |   |   |  |
| Zip  | Country  | Zip   | Country   | 4. FEI Number<br><b>59-0914204</b>  |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>   |  |   |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>WUERTZ, REV. ARTHUR<br/>2227 COUNTRY CLUB DRIVE<br/>DELAND, FL 32724</b>   |  |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |   |   |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be<br/>Added to Fees</b>  |  |
| <div style="text-align: right;"> <b>Make check payable to<br/>Florida Department of State</b> </div>   |  |   |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>            |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>STILLING, JUNE <input checked="" type="checkbox"/> Delete<br>2510 DELEON DRIVE<br>DELAND, FL 32724           |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | TD<br>PETERSON, RICHARD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>2900 Oceanshore Blvd. #201<br>Ormond Beach, FL 32176  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>ROGERS, ROBERT <input checked="" type="checkbox"/> Delete<br>113 WESTCOTT LANE<br>DELAND, FL 32724           |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | PD<br>STRUBLE, WAYNE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>1785 N. OAK STREET<br>DELAND, FL 32724   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>BEBEE, ROBERT <input type="checkbox"/> Delete<br>701 ALBERT LANE<br>DELAND, FL 32720                          |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>POMEROY, DOROTHY <input type="checkbox"/> Delete<br>667 LEAVITT AVENUE<br>ORANGE CITY, FL 32763               |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DS<br>SUTTON, CAROL <input checked="" type="checkbox"/> Delete<br>2694 AUDUBON AVENUE<br>DE LEON SPRINGS, FL 32130 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | ERIKSEN, FAITH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>206 SANDSPUR LN.<br>DELAND, FL 32724   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>CHERWIN, GARY <input type="checkbox"/> Delete<br>2355 MILTON LANE<br>DELAND, FL 32724                         |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. |  |   |   |   |  |
| <b>SIGNATURE:</b> <i>Dorothy Pomeroy</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |   | Date <b>3/25/08</b> Daytime Phone #                                     |   |  |