2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Mailing Address

4005 PALM DRIVE

FILED Mar 19, 2007 8:00 am Secretary of State

03-19-2007 90082 040 ****61.25

40038485

DOCUMENT	# 727500	

DOCUMEN I # 727598

1. Entity Name

Principal Place of Business

4005 PALM DRIVE

FAITH LUTHERAN CHURCH OF PUNTA GORDA, FLORIDA, INC.



PUNTA GORDA, FL 33950 PUNTA GORDA, FL 33950 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03022007 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number Applied For 59-6495520 Not Applicable 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 HABERKAMP, ROBERT 3403 TRIPOLI Street Address (P.O. Box Number is Not Acceptable) PUNTA GORDA, FL 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 little if applicable (NOTE: Registered Agent (ingrature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Due by May 1, 2007 Trust Fund Contribution Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Addition ☐ Change BUONO, DEANNE R NAME NAME STREET ADDRESS 1035 SAN MATEO DRIVE STREET ADDRESS CITY-ST-ZIP PUNTA GORDA, FL 33950 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NORSELL, RONALD NAME NAME STREET ADDRESS 16357 PERICO WAY STREET ADDRESS PUNTA GORDA, FL 33950 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete 📈 TITLE ☐ Change ☐ Addition MEYER, RICHARD NAME NAME STREET ADDRESS 1150 RICARDO LANE STREET ADORESS PUNTA GORDA, FL 33983 CHY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ 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.

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

HOLT, DARLEYNE

7331 RIVESIDE DRIVE

PUNTA GORDA, FL 33982

Deanne R. Buono

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

☐ Delete

☐ Delete

3/5/07

Daytime Phone #

Change

Change

☐ Addition

☐ Addition