

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749848

FILED
Jan 31, 2008
Secretary of State

Entity Name: FAITH LUTHERAN CHURCH, OF HAINES CITY, INC.

Current Principal Place of Business:

100 SOUTH EIGHTH STREET
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

PO BOX 1938
HAINES CITY, FL 33845 US

New Mailing Address:

FEI Number: 59-2065906

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANIKAS, NICK E TREAS
1701 W COMMERCE AVE, LOT 164
HAINES CITY, FL 33844 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: MORROW, DAVID
Address: 531 ASTOR WAY
City-St-Zip: AUBURNDALE, FL 33823 US

Title: TD () Delete
Name: MANIKAS, NICK E TD
Address: 1701 W COMMERCE AVE, LOT 164
City-St-Zip: HAINES CITY, FL 33844 US

Title: P () Delete
Name: DIERKSHEIDE, DALE
Address: 1006 EAGLE DRIVE
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: D () Delete
Name: GLEN, BENGTSON D
Address: 647 SWEETWATER WAY
City-St-Zip: HAINES CITY, FL 33844 US

Title: D () Delete
Name: JAMES, HARBOURNE D
Address: 2201 HERON DRIVE
City-St-Zip: LAKE WALES, FL 33859 US

Title: D () Delete
Name: RICHARD, KOONTZ D
Address: 132 BLUE HERON DRIVE
City-St-Zip: HAINES CITY, FL 33844 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: BIEDERMAN, SHERVIN V
Address: 8320 LAKE MARION RD
City-St-Zip: HAINES CITY, FL 33844 US

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

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

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

Title: D (X) Change () Addition
Name: CASEY, CAROL D
Address: 1701 W COMMERCE AVE LOT 70
City-St-Zip: HAINES CITY, FL 33844 US

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: NICK MANIKAS

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01/31/2008

Electronic Signature of Signing Officer or Director

Date