

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 23, 2004 8:00 am**  
**Secretary of State**

07-23-2004 90002 041 \*\*\*\*61.25

**DOCUMENT # 758170**

1. Entity Name  
**FAITH EVANGELICAL LUTHERAN CHURCH**



Principal Place of Business  
**2601 49TH ST, NORTH  
ST PETERSBURG, FL 33710**

Mailing Address  
**2601 49TH ST, NORTH  
ST PETERSBURG, FL 33710**

**54064510**



**DO NOT WRITE IN THIS SPACE**

07062004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-1492646**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**KOCH, HENRY T  
4845 25TH AVE N  
SAINT PETERSBURG, FL 33713**

**DO NOT WRITE  
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME ULBRICHT, PAUL  
STREET ADDRESS 6672 31ST ST, S  
CITY-ST-ZIP ST PETERSBURG, FL 00000,

TITLE D  
NAME DALY, BILL  
STREET ADDRESS 55 N 110TH AVE, #208  
CITY-ST-ZIP PINELLAS PARK, FL 33782

TITLE D  
NAME RANDALL IHMS  
STREET ADDRESS 5711 20TH AVE N.  
CITY-ST-ZIP ST. PETERSBURG, FL

TITLE D  
NAME MAPHEIMER, WAYNE  
STREET ADDRESS 1601 43RD STREET NORTH #228  
CITY-ST-ZIP SAINT PETERSBURG, FL 33710

TITLE D  
NAME LEATHERS, JEFF  
STREET ADDRESS 4733 46TH AVENUE NORTH  
CITY-ST-ZIP SAINT PETERSBURG, FL 33714

TITLE D  
NAME COVEY, ROGER  
STREET ADDRESS 4794 OXFORD AVE N  
CITY-ST-ZIP SAINT PETERSBURG, FL 33710

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7-19-04**

**727-866-3343**