2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2006
Secretary of State

DOCUMENT# N01000007206

Entity Name: LIVING FAITH LUTHERAN CHURCH, INC.

Current Principal Place of Business:

10960 S.W. 15 STREET
110
PEMBROKE PINES, FL 33025

New Principal Place of Business:

927 NW 178TH AVENUE
PEMBROKE PINES, FL 33029

Current Mailing Address:

10960 S.W. 15 STREET
110
PEMBROKE PINES, FL 33025

New Mailing Address:

P.O.BOX 297631
PEMBROKE PINES, FL 33029-763

FEI Number: 65-0868759 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHRISTA, MANSHOLT-CHOY
426 FISHTAIL TERRACE
WESTON, FL 33327 US

Name and Address of New Registered Agent:

REHM, NANCY
426 FISHTAIL TERRACE
WESTON, FL 33327 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: NANCY REHM 04/30/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MANSHOLT-CHOY, CHRISTA
Address: 426 FISHTAIL TERRACE
City-St-Zip: WESTON, FL 33327 US

Title: T ( ) Delete
Name: LEWIS, WILLIAM D
Address: 18413 NW 13TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: VP ( ) Delete
Name: REHM, NANCY
Address: 1171 NW 173RD STREET
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: S ( ) Delete
Name: COURSON, CAREY
Address: 8061 SW 21ST COURT
City-St-Zip: DAVIE, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: REHM, NANCY
Address: 426 FISHTAIL TERRACE
City-St-Zip: WESTON, FL 33327 US

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

Title: VP (X) Change ( ) Addition
Name: ABBOTT, CHRIS
Address: 3321 SW 192ND AVENUE
City-St-Zip: MIRAMAR, FL 33029 US

Title: ( ) Change ( ) Addition
Name:
Address:
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: CAREY COURSON S 04/30/2006
Electronic Signature of Signing Officer or Director Date