

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90286 028 ****61.25

DOCUMENT # N01000007206 1. Entity Name LIVING FAITH LUTHERAN CHURCH, INC.			
Principal Place of Business 10960 S.W. 15 STREET 110 PEMBROKE PINES, FL 33025		Mailing Address 10960 S.W. 15 STREET 110 PEMBROKE PINES, FL 33025	
2. Principal Place of Business 1171 NW 173 STREET Suite, Apt. #, etc.		3. Mailing Address 1171 NW 173 STREET Suite, Apt. #, etc.	
City & State PEMBROKE PINES FL		City & State PEMBROKE PINES FL	
Zip 33029	Country US	Zip 33029	Country US
4. FEI Number 65-0868759		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHRISTA, MANSHOLT-CHOY 426 FISHTAIL TERRACE WESTON, FL 33327		7. Name and Address of New Registered Agent Name NANCY REHM Street Address (P.O. Box Number is Not Acceptable) 1171 NW 173 STREET City PEMBROKE PINES FL Zip Code 33029	
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 <u>Nancy Rehm</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		NANCY REHM, PRESIDENT <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MANSHOLT-CHOY, CHRISTA 426 FISHTAIL TERRACE WESTON, FL 33327 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REHM, NANCY 1171 NW 173 STREET PEMBROKE PINES FL 33029 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEWIS, WILLIAM D 18413 NW 13TH STREET PEMBROKE PINES, FL 33029 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GISELA KOCH 16066 NW 22 STREET PEMBROKE PINES FL 33028 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REHM, NANCY 1171 NW 173RD STREET PEMBROKE PINES, FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KAREN BELZ 1438 SW 157 AVENUE PEMBROKE PINES FL 33027 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COURSON, CAREY 8061 SW 21ST COURT DAVIE, FL 33324 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ADAM HARVEY 3741 FALCON RIDGE CIRCLE WESTON FL 33331 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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.			
SIGNATURE: <u>Nancy Rehm</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		NANCY REHM 4/15/07 954-257-3941 <small>Date Daytime Phone #</small>	