

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

**FILED**  
**Mar 05, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000001717**

1. Entity Name  
**FAITH LUTHERAN CHURCH OF DEFUNIAK SPRINGS  
INC.**



Principal Place of Business  
**1200 CIRCLE DR.  
DEFUNIAK SPRINGS, FL 32435**

Mailing Address  
**P.O. BOX 160  
ARGYLE, FL 32422**



02182004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**01-0583754**

Applied For  
**Not Applicable**

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

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

**PFAHLERT, WILBERT C  
4201 COUNTY RD., 280A  
DEFUNIAK SPRINGS, FL 32435**

**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 *Wilbert C. Pfahlert*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

22 Feb 04

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U000000076963  
03/05/04-80023-006 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**CD  
PFAHLERT, WILBERT C  
4201 COUNTY RD. 280A  
DEFUNIAK SPRINGS, FL 32435**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**SD  
SEIDENKRANZ, DAWN M  
150 BRADLEY DR.  
DEFUNIAK SPRINGS, FL 32435**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**TD  
TEMBY, JUDITH D  
26 BRADLEY DR.  
DEFUNIAK SPRINGS, FL 32435**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**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: *Wilbert C. Pfahlert*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22 Feb 04 (850) 892-3265  
Date Daytime Phone #