

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90199 012 ****61.25

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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01302005

Chg-NP

CR2E037 (10/03)

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

32435-4834

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 **Dwayne Sparks**

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 May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
**CD
PFAHLERT, WILBERT C
4201 COUNTY RD. 280A
DEFUNIAK SPRINGS, FL 32435** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
Dwayne Sparks
537 Hubbard Street
Defuniak Springs FL 32435-4834** ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
_____ ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
_____ ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
_____ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
_____ ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
_____ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
_____ ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
_____ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
_____ ☐ Change ☐ Addition

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: **Dawn Seidenkranz**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 30, 2005 (850) 892-5357
Date Daytime Phone #