


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 03, 2008 8:00 am**  
**Secretary of State**

04-03-2008 90027 009 \*\*\*\*61.25

<b>DOCUMENT # N02000001717</b>	
1. Entity Name <b>FAITH LUTHERAN CHURCH OF DEFUNIAK SPRINGS INC.</b>	

Principal Place of Business <b>1200 CIRCLE DR. DEFUNIAK SPRINGS FL 32435</b>	Mailing Address <del>26 BRADLEY DR.</del> <del>DEFUNIAK SPRINGS FL 32435</del>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>1416 Bender Ln</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State <b>Holt, Florida</b>	City & State
Zip <b>32564</b>	Country <b>USA</b>

4. FEI Number <b>01-0583754</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent <b>BENDER, DELVIN 1416 BENDER LN. HOLT FL 32564</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

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 **DELVIN R BENDER PASTOR** DATE **3/21/08**  
(NOTE: Registered Agent signature required when re-registering)

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By: May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>M</b>	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>BENDER, DELVIN R</b>		NAME	
STREET ADDRESS <b>1416 BENDER LN.</b>		STREET ADDRESS	
CITY-ST-ZIP <b>HOLT FL 32564</b>		CITY-ST-ZIP	
TITLE <b>TD</b>	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>BENDER, ANDI L</b>		NAME	
STREET ADDRESS <b>1416 BENDER LN.</b>		STREET ADDRESS	
CITY-ST-ZIP <b>HOLT FL 32564</b>		CITY-ST-ZIP	
TITLE <b>PVD</b>	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>TEMBY, JUDITH</b>		NAME	
STREET ADDRESS <b>26 BRADLEY DR.</b>		STREET ADDRESS	
CITY-ST-ZIP <b>DEFUNIAK SPRINGS FL 32435</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **DELVIN R. BENDER** DATE **3/21/08** PHONE **850 826 2240**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR