## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N21055

FILED Apr 19, 2006 Secretary of State

Entity Name: FAITH LUTHERAN CHURCH OF NAPLES, FLORIDA, INC.

**Current Principal Place of Business: New Principal Place of Business:** 4150 GOODLETTE RD N NAPLES, FL 34103 **Current Mailing Address: New Mailing Address:** 4150 GOODLETTE RD NORTH NAPLES, FL 34103 FEI Number: 59-2610472 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SEITZ, JAMES NORTHERN TRUST BANK 530 5TH AVENUE SOUTH NAPLES, FL 33940 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition MCKAY, JIM MIELKE, DARRELL Name: Name: 3730 14TH STREET NORTH, #2 Address: 958 CHARLEMAGNE BLVD. Address: City-St-Zip: NAPLES, FL 34103 City-St-Zip: NAPLES, FL 34112 Title: Title: (X) Change ( ) Addition ( ) Delete STOLZ, LOU Name: ARSENAULT, KEVIN Name:

Address: 13171 BRIDGEFORD AVENUE City-St-Zip: BONITA SPRINGS, FL 34135

Title: () Delete

PETERSON, ANDREA Name: 3060 66TH STREET, S. W. Address: City-St-Zip: NAPLES, FL 34105

Title: ( ) Delete BRANDEBERRY, ART Name:

4751 GULF SHORE BLVD., NORTH #502 Address:

City-St-Zip: NAPLES, FL 34103

Title: () Delete LIGMAN, PAUL Name:

248 MELROSE PLACE Address:

City-St-Zip: NAPLES, FL 34104

Address: 4725 11TH AVE. SW City-St-Zip: NAPLES, FL 34116

Title: () Change () Addition

Name: Address: City-St-Zip:

Title: (X) Change ( ) Addition

Name: WOODMAN, GEORGE 1303 N. ALHAMBRA CIRCLE Address:

City-St-Zip: NAPLES, FL 34103

Title: (X) Change ( ) Addition

BRANDEBERRY, ART Name:

4751 GULF SHORE BLVD., N. #502 Address:

NAPLES, FL 34103 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: DARRELL MIELKE D 04/19/2006