


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

01-25-2006 90028 024 \*\*\*61.24  
N24372

|  |   |
|--|---|
| <b>DOCUMENT # N24372</b><br>1. Entity Name<br><b>LIVING LORD LUTHERAN CHURCH, INC.</b> |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br>11120 S.R. 70 E.<br>BRADENTON, FL 34202 US | Mailing Address<br>11120 S.R. 70 E.<br>BRADENTON, FL 34202 US |
|---|---|

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |
| Zip Country                    | Zip Country         |

01092006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-2775527**

|                |
|----------------|
| Applied For    |
| Not Applicable |

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

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br><b>WILD, DONALD</b><br><b>8428 CASTLE GARDEN ROAD</b><br><b>PALMETTO, FL 34221</b> |
|---|

|  |
|--|
| 7. Name and Address of New Registered Agent        |
| Name   |
| Street Address (P.O. Box Number is Not Acceptable) |
| City   |
| FL 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 *Donald F. Wild* *DONALD F. WILD* *1-19-06*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

|   |  |  |
|---|--|--|
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2006</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | <b>Make check payable to</b><br><b>Florida Department of State</b> |
|---|--|--|

|  |   |   |   |
|--|---|---|---|
| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>WILD, DON<br>8428 CASTLE GARDEN ROAD<br>PALMETTO, FL 34221 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>KUNKEL, PATRICIA A<br>813 TALLGRASS LANE<br>BRADENTON, FL 34212 <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>HARKINS, CAROL<br>7718 JAY WATCH GLEN<br>BRADENTON, FL 34202 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | TD<br>BEATRICE A. DALY<br>7406 49th Avenue East<br>Bradenton, FL 34203 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <i>DR 1/31</i> <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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: *Patricia A. Kunkel* *Patricia A. Kunkel* *January 12, 2006*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
06 JAN 31 PM 3:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

