FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 AM 8:35

DOCUMENT # N50891 (3)

1. Corporation Name

FAITH LUTHERAN CHURCH OF HOMOSASSA, CITRUS COUNTY, FLORIDA, INC.

Principal Place of Business	Mailing Address
935 CRYSTAL GLEN DR LECANTO FL 34461	935 CRYSTAL GLEN DR LECANTO FL 34461

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/16/1992
3a. Date of Last Report: 02/18/1994
4. FEI Number: 59-3149114 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	25
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HAWKES, PAUL M.
7655 W. GULF TO LAKE HWY.
SUITE 13
CRYSTAL RIVER FL 34429

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	NUTT, LAWRENCE	1.2 NAME	DUNCAN GARRISON	
STREET ADDRESS	7429 W. AUTUMN	1.3 STREET ADDRESS	10 CANELA CT	
CITY-ST-ZIP	HOMOSASSA FL	1.4 CITY-ST-ZIP	HOMOSASSA, FL 34446	
TITLE	DV	2.1 TITLE	DV	☒ Change ☐ Addition
NAME	HOLLAND, JAMES	2.2 NAME	RICHARD WOOD	
STREET ADDRESS	8241 W. FERWERDA CT.	2.3 STREET ADDRESS	8354 W. EARL LOOP.	
CITY-ST-ZIP	CRYSTAL RIVER FL	2.4 CITY-ST-ZIP	HOMOSASSA, FL 34446	
TITLE	DS	3.1 TITLE	DS	☒ Change ☐ Addition
NAME	FELLOES, JANE	3.2 NAME	DIANE MERCK	
STREET ADDRESS	11420 W. CLUBVIEW DR	3.3 STREET ADDRESS	10 BLAIR CT.	
CITY-ST-ZIP	HOMOSASSA FL	3.4 CITY-ST-ZIP	HOMOSASSA, FL 34446	
TITLE	DT	4.1 TITLE	DT	☒ Change ☐ Addition
NAME	LAMB, JAMES	4.2 NAME	JAMES HOLLAND	
STREET ADDRESS	6091 W. DOUNERAY	4.3 STREET ADDRESS	8241 W. FERWERDA CT.	
CITY-ST-ZIP	CRYSTAL RIVER FL	4.4 CITY-ST-ZIP	CRYSTAL RIVER, FL 34428	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James A. Holland JAMES A. HOLLAND 1-30-95 904-527-3325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
TREASURER

0010337