

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N50891 (3)

1. Corporation Name

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



Principal Place of Business

905 CRYSTAL GLEN DR  
LEGANTO FL 34461

Mailing Address

905 CRYSTAL GLEN DR  
LEGANTO FL 34461

3. Date Incorporated or Qualified  
09/16/1992

3a. Date of Last Report  
02/02/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-23-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME GARRISON, DUNCAN  
STREET ADDRESS 10 CANELA CT  
CITY-STATE-ZIP HOMOSASSA FL

☒ DELETE

1.1 TITLE DP  
1.2 NAME MANTEY, PAUL  
1.3 STREET ADDRESS 425 SW FIRST AVE  
1.4 CITY-STATE-ZIP CRYSTAL RIVER, FL. 34429

☒ Change ☐ Addition

TITLE DV  
NAME WOOD, RICHARD  
STREET ADDRESS 8354 W EARL LOOP  
CITY-STATE-ZIP HOMOSASSA FL

☒ DELETE

2.1 TITLE DV  
2.2 NAME BOB SORENSEN  
2.3 STREET ADDRESS 174 N. MESQUITE PL.  
2.4 CITY-STATE-ZIP LEGANTO, FL. 34461

☒ Change ☐ Addition

TITLE DS  
NAME MERCK, DIANE  
STREET ADDRESS 10 BLAIR CT  
CITY-STATE-ZIP HOMOSASSA FL

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE DT  
NAME HOLLAND, JAMES  
STREET ADDRESS 8241 FERNERDA CT  
CITY-STATE-ZIP CRYSTAL RIVER FL

☒ DELETE

4.1 TITLE DT  
4.2 NAME L. GIRARD WOLFERT  
4.3 STREET ADDRESS 9066 S. TARA PT.  
4.4 CITY-STATE-ZIP FLORENCE CITY, FL 34436

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

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)(k), 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: *L. Girard Wolfert*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/96 (904) 527-3324

CR2E037 (12/95)