


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90137 020 ****61.25

DOCUMENT # N50891 1. Entity Name FAITH LUTHERAN CHURCH LCMS, INC.					
Principal Place of Business 935 CRYSTAL GLEN DR LECANTO, FL 34461			Mailing Address 935 S. CRYSTAL GLEN DR LECANTO, FL 34461		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3149114	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HAWKES, PAUL M. 7655 W. GULF TO LAKE HWY. SUITE 13 CRYSTAL RIVER, FL 34429			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, STEVE <input type="checkbox"/> Delete 2788 N PRESTWICK WAY LECANTO, FL 34461		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FICK, WILLIAM <input checked="" type="checkbox"/> Delete 525 W. DOERR PATH HERNANDO, FL 34442		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RIEDEL, BUD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 489 TURKEY PINE LOOP LECANTO, FL 34461	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS BROCK, CAROL <input checked="" type="checkbox"/> Delete 2634 N CANTERBURY LAKE DR HERNANDO, FL 34442		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ANDERSON, JACK I <input type="checkbox"/> Delete 15 W. BLUE SAGE CT BEVERLY HILLS, FL 34465		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FS KELLER, MIKE <input type="checkbox"/> Delete 1979 N EAGLE CHASE DR HERNANDO, FL 34442		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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: <i>Jack I. Anderson</i> JACK I. ANDERSON 4-2-2006 352 465-1548					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					