

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50891

FILED
Apr 17, 2007
Secretary of State

Entity Name: FAITH LUTHERAN CHURCH LCMS, INC.

Current Principal Place of Business:

935 CRYSTAL GLEN DR
LECANTO, FL 34461

New Principal Place of Business:

Current Mailing Address:

935 S. CRYSTAL GLEN DR
LECANTO, FL 34461

New Mailing Address:

FEI Number: 59-3149114

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: JOHNSON, STEVE
Address: 2788 N PRESTWICK WAY
City-St-Zip: LECANTO, FL 34461

Title: V () Delete
Name: RIEDEL, BUD
Address: 489 TURKEY PINE LP
City-St-Zip: LECANTO, FL 34461

Title: DT () Delete
Name: ANDERSON, JACK I
Address: 15 W. BLUE SAGE CT
City-St-Zip: BEVERLY HILLS, FL 34465

Title: FS () Delete
Name: KELLER, MIKE
Address: 1979 N EAGLE CHASE DR
City-St-Zip: HERNANDO, FL 34442

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: KING-MALPHURS, WANDA S
Address: 9731 W DEEPWOODS DR
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: () Change () Addition
Name:
Address:
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: WANDA SUE KING-MALPHURS

DT

04/17/2007

Electronic Signature of Signing Officer or Director

Date