

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50891

FILED  
Apr 16, 2009  
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:**

935 CRYSTAL GLEN DR  
LECANTO, FL 34461

**FEI Number:** 59-3149114

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MALPHURS, WANDA S.  
9731 W DEEPWOODS DR  
CRYSTAL RIVER, FL 34428 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: KING-MALPHURS, WANDA S  
Address: 9731 W DEEPWOODS DR  
City-St-Zip: CRYSTAL RIVER, FL 34428

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: D (X) Change ( ) Addition  
Name: SCHULTZ, DONNALD  
Address: 3340 CAVES VALLEY PATH  
City-St-Zip: LECANTO, FL 34461

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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 MALPHURS

DT

04/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date