

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90261 030 ****61.25

DOCUMENT # N94000001183

1. Entity Name
FAITH LUTHERAN CHURCH OF CLEWISTON, INC.



Principal Place of Business
**810 CEDAR ST
CLEWISTON, FL 33440**

Mailing Address
**P.O. BOX 338
CLEWISTON, FL 33440**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03042006

Chg-NP

CR2E037 (11/05)

4. FEI Number
65-0155169

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEBB, JACK D
219 RIDGEWOOD AVENUE
CLEWISTON, FL 33440**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

☐ Delete

TITLE
D
NAME
DIERKS, RONALD
STREET ADDRESS
320 DESOTO AVE.
CITY-ST-ZIP
CLEWISTON, FL

TITLE
T
NAME
WEBB, JACK D.
STREET ADDRESS
219 RIDGEWOOD AVE.
CITY-ST-ZIP
CLEWISTON, FL

TITLE
S
NAME
GARRELS, CATHY
STREET ADDRESS
622 SABAL AVE.
CITY-ST-ZIP
CLEWISTON, FL 33440

TITLE
P
NAME
MUNTER, ERNEST JR
STREET ADDRESS
PO BOX 38
CITY-ST-ZIP
CLEWISTON, FL

TITLE
D
NAME
LENZ, JOHN
STREET ADDRESS
36 AZALEA AVE.
CITY-ST-ZIP
MOORE HAVEN, FL 33471

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SECRETARY
LINDA DAVIS
100 E. AZTEK AVE APT#2
CLEWISTON, FL 33440

DIRECTOR

PRESIDENT

VICE PRESIDENT
KEVIN GAST
531 E. OSCEOLA AVE.
CLEWISTON, FL 33440

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:

JACK D. WEBB, TEXAS

3/20/06

863-902-0493

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #