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#### FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State /
DIVISION OF CORPORATIONS

### DOCUMENT # N9600000109

Corporation Name

FAITH "VIERA" LUTHERAN CHURCH, INC.

Principal Place of Business 756 HARRIER COURT ROCKLEDGE FL 32955

2. Principal Place of Business

21 5550 Faith Drive

Mailing Address

2a. Mailing Address

26 5550 Faith Drive

POST OFFICE BOX 561105 ROCKLEDGE FL 32956-1105

# FILED Mar 22, 1999 8:00 am § Secretary of State

03-22-1999 90030 007 \*\*\*\*61.25



3. Date Incorporated or Qualifed

01/08/1996

Suite, Apt. a	#, etc.	Suite, Apt. #, etc.			4. FEI Number	App	lled For	
2 5550 E	aith Drive	27			59-3338895	Not	Applicable	
City & State	e	City & State	-		5. Certificate of Status Desired	\$8.75 Ac		
Rockle	dge;-FL-32955-6338	Rockledge, FL	£3295.	5 <u>-</u> 6338	8 J. Certificate of Status Desired	Fee Req	uired	
Zip	Country	Zip	Country		6. Election Campaign Financing	\$5.00 N	lay Be	
32955	-6338 <b>25</b> U.S.	32955-6338 <b>30</b>	U.:	S.	Trust Fund Contribution	Added to	Fees	
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
			81	Name		•		
MEVP DON DEV				82 Street Address (P.O. Box Number is Not Acceptable)				
MEYR, RON REV.				az Street Address (P.O. Box Mulliber is Not Acceptable)				
756 HARRIER COURT			83					
ROCKLEDGE FL 32955								
	•		84	City	FL	85 Zip Co		
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								
	Signature, typed or printed name of registered agent and			nt signature re	ADDITIONS/CHANGES TO OFFICERS AN	DIRECTOR	RS IN 12	
12.	OFFICERS AND D	XX DELETE	13.	<del> </del>		☑ Change	Addition	
	PD				PD	<b>X</b>		
	TREIOCEN, DAVID		1.2 NAME		COOK, Clarence		ļ	
STREET ADDRESS	756 HARRIER COURT	*	1.3 STREE	T ADDRESS	4155 San Ysidro Way Rockledge, rL 32955-5340			
CITY-ST-ZIP			1.4 CITY-S	T-ZIP	Rockledge, FL 32900-0340	DO Change	Addition	
TITLE	VD . DELETE		2.1 TITLE		VD ·	Change	L Auditon	
NAME	MEYR, RON REV.		2.2 NAME	-	· ·			
STREET ADDRESS	756 HARRIER COURT		2.3 STREE	T ADDRESS	NEAL Sabal Grove Drive			
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP	Rockledge, FL 32955			
TITLE -	STD	DELETE _	3.1 TITLE	-	SD	X Change	☐ Addition	
NAME	LUBE, JACK		3.2 NAME		ANTHONY, Edward A.	•		
STREET ADDRESS	756 HARRIER COURT		3.3 STREE	TADDRESS	801 Sandhill Crane Court			
CITY-ST-ZIP	ROCKLEDGE FL 32955		3.4. CITY-	ST-ZIP	Rockledge, FL 32955-6301			
TITLE		☐ DELETE	4.1 TITLE		TD	Change	Addition	
NAME			4. 2 NAME		RENDELL, Heidi			
STREET ADDRESS			4.3 STREE	TADDRESS				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	7012 Hammock Trace D Melbourne, FL 32940-7974			
TITLE		☐ DELETE	5.1 TITLE		D	Change	X Addition	
NAME			5.2 NAME		WELLS, Clark			
			5.3 STREE	TADDRESS	295 Lee Avenue			
STREET ADDRESS			5.4 CITY-S		Satellite Beach, FL 32937		)	
CITY-\$T-ZIP		□ DELETE	6.1 TITLE		D	Change		
TITLE			6.2 NAME			_ •	T.E.	
NAME				T ADDRESS	VERMUEL, Robert		· ·	
STREET ADDRESS					837 Black Bird Court			
CITY-ST-ZIP		1 80 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6.4 CITY-S	1-ZP	Rockledge FI 32955-6304	ifuthat the in	formation	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatic 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, with all other like empowered.

SIGNATURE

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Edward A, Anthony

1-407-6315155

Daytime Phone

700000

## 246330-90030-1 N96000000109

Title Name

Street Address City-State-ZIP Carolyn Lohmann 1228 Meadow Lake Road

Rockledge, FL 32955-8401

Title Stephen Rutz

Name

Street Address

4113 Las Cruces Rockledge, FL City-State-ZIP

D

32955-5346

Title

Name

Dot Lube

Street Address

1208 Elcon Drive Melbourne, FL 32904-8713 City-State-ZIP

TITLE

REV. ROW. MEYR

STREET ADDRESS

756 HARRIER COURT

City STATE, ZIP

ROCKLEDGE, FL 32955