

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State
 01-30-2001 90111 035 ****61.25

DOCUMENT # 701097

1. Entity Name

GRACE LUTHERN CHURCH OF CLEARWATER, INC., CLEARW

Principal Place of Business

Mailing Address

1812 N.HIGHLAND AVE.
 CLEARWATER FL 33755
 US

1812 N.HIGHLAND AVE.
 CLEARWATER, FL 33755
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0998928

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WHITENER, C. PHILLIP
1812 N HIGHLAND AVE
CLEARWATER FL 34615

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☒ Delete
 NAME **DOMALSKE, ARTHUR**
 STREET ADDRESS **2740 NORTHRIDGE DR E**
 CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE **VD** ☐ Change ☒ Addition
 NAME **Flagg, Christine**
 STREET ADDRESS **439 Lakeview Dr.**
 CITY-ST-ZIP **Oldsmar, FL 34677**

TITLE **D** ☐ Delete
 NAME **TIEMAN, LAWRENCE**
 STREET ADDRESS **1812 N HIGHLAND AVE**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☐ Delete
 NAME **BENSON, NANCY**
 STREET ADDRESS **430 WILDWOOD WAY**
 CITY-ST-ZIP **CLEARWATER FL 33756**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **MARIE HANSEN**
 STREET ADDRESS **1812 N. HIGHLAND AVE.**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE **SD** ☐ Change ☒ Addition
 NAME **Heath, Melodie**
 STREET ADDRESS **1950 Flora Rd.**
 CITY-ST-ZIP **Clearwater, FL 33755**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy Benson - 17-01

Date

Daytime Phone #

CR2E037 (10/00)