

2001 UNIFORM BUSINESS REPORT (UBR)

2.
2/1:

FILED
Jun 21, 2001 8:00 am
Secretary of State

02-19-2001 90006 024 ****61.25

DOCUMENT # 704595
1. Entity Name
THE ABIDING SAVIOR LUTHERAN CHURCH OF WINTER HAV

Principal Place of Business Mailing Address
1910 HAVENDALE BLVD 1910 HAVENDALE BLVD
WINTER HAVEN FL 33881-235 WINTER HAVEN FL 33881-235
US US

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-6607009** Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent
FORD, ALAN R
1910 HAVENDALE BLVD
WINTER HAVEN FL 33881
7. Name and Address of New Registered Agent
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 *Rev. Alan J. Ford* *Rev. Alan J. Ford*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) 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 NAME STREET ADDRESS CITY-ST-ZIP	PD BAKER, WILLIAM 808 17TH TERR NE WINTER HAVEN FL 33881 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President - Director William Baker, Jr. 808 17th Ter. NE Winter Haven, FL 33881 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAZELWOOD, HARRY 901 WARDS LANDING WINTER HAVEN FL 33880 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP - Director Leonard Unger 638 Watercrest Dr. Haines City, FL 33844 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BAUER, RUPERT 322 LAUREL OAK DR WINTER HAVEN FL 70 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS - Director Barbara Rieley 288 Piney Place, SW Winter Haven, FL 33880 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAUER, RUPERT 322 LAUREL OAK DR WINTER HAVEN FL 33880 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS - Director Jan Carrizo 2120 Wildwood Ln Auburndale, FL 33823 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer - Director Carole Altwater 49 Cypress Creek Blvd Lake Alfred, FL 33850 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 the empowered.
SIGNATURE: *Rev. Alan J. Ford* 2/19/01 863.294.2829
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/00)