

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90056 031 \*\*\*\*70.00

**DOCUMENT # 704595**

1. Entity Name

**THE ABIDING SAVIOR LUTHERAN CHURCH OF WINTER HAVEN, INC.**

Principal Place of Business

1910 HAVENDALE BLVD  
 WINTER HAVEN FL 33881-235  
 US

Mailing Address

1910 HAVENDALE BLVD  
 WINTER HAVEN FL 33881-235  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6607009

Applied For

Not Applicable

Zip  
 33881-1235

Country

Zip  
 33881-1235

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

FORD, ALAN R  
 1910 Havendale Blvd  
 Winter Haven, FL 33881

Name

Ford, ALAN J

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

1910 Havendale Blvd, NW

1910 Havendale Blvd, NW

33881

City

Winter Haven

FL

Zip Code  
 33881

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*

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 PD  Delete  
 NAME BAKER, WILLIAM  
 STREET ADDRESS 808 17TH TERR NE  
 CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE P  Change  Addition  
 NAME DeHaven, Robert  
 STREET ADDRESS 4082 Rolling Oaks Dr.  
 CITY-ST-ZIP Winter Haven, FL 33880-1646

TITLE FSD  Delete  
 NAME CARRIZO, JUAN  
 STREET ADDRESS 2120 WILDWOOD LANE  
 CITY-ST-ZIP AUBURNDALE FL 33823

TITLE T  Change  Addition  
 NAME Roberge, Walter  
 STREET ADDRESS 212 N. Lake Hartridge Dr.  
 CITY-ST-ZIP Winter Haven, FL 33881-9542

TITLE TD  Delete  
 NAME ALTWATER, CAROLE  
 STREET ADDRESS 49 CYPRESS CREEK BLVD  
 CITY-ST-ZIP LAKE ALFRED FL 33850

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VPD  Delete  
 NAME UNGER, LEONARD  
 STREET ADDRESS 638 WATERCREST DRIVE  
 CITY-ST-ZIP HAINES CITY FL 33844

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE RSD  Delete  
 NAME BARLEY, BARBARA  
 STREET ADDRESS 288 PINEY PLACE SQUARE  
 CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE S  Change  Addition  
 NAME Ables, Margerie  
 STREET ADDRESS 526 Club Hill Road  
 CITY-ST-ZIP Winter Haven, FL 33881-9402

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:

*Carroll J. DeHaven*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/02 (863) 294-2829  
 Date Daytime Phone #

CR2E037 (9/01)

0045194