

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 26, 2003 8:00 am  
Secretary of State

02-26-2003 90141 031 \*\*\*\*61.25

**DOCUMENT # 704595**

1. Entity Name

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



Principal Place of Business

**1910 HAVENDALE BLVD  
WINTER HAVEN FL 33881-1235  
US**

Mailing Address

**1910 HAVENDALE BLVD  
WINTER HAVEN FL 33881-1235  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-6607009**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**FORD, ALAN J  
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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD DEHAVEN, ROBERT 4082 ROLLING OAKS DR WINTER HAVEN FL 33880-1646</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD UNGER, LEONARD 638 Watercrest Dr. Haines City, FL 33844</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD ROBERGE, WALTER 212 N LAKE HARTRIDGE DR WINTER HAVEN FL 33881-9542</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD ALTWATER, CAROLE 49 CYPRESS CREEK BLVD LAKE ALFRED FL 33850</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD Jones, Alice S 291 Live Oak Lane, SW Winter Haven, FL 33880</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD UNGER, LEONARD 638 WATERCREST DRIVE HAINES CITY FL 33844</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD HAZELWOOD, HARRY 2109 Edgewater Cir. Winter Haven, FL 33880</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD ABLES, MARGERIE 526 CLUB HILL RD WINTER HAVEN FL 33881-9402</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD SCHMIDT, JOAN 119 TERRACE DRIVE SE WINTER HAVEN, FL 33881</b> <input type="checkbox"/> Change <input checked="" 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 like empowered.

SIGNATURE: *Leonard Unger* **SIGNATURE REQUIRED L. UNGER 2/20/03 863-294-2829**

CR2E037 (10/02)