

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90159 019 ****61.25

DOCUMENT # 710831

1. Entity Name

**SAINT MARK EVANGELICAL LUTHERAN CHURCH, DUNEDIN,
FLORIDA, INC.**

Principal Place of Business

**1120 CURLEW ROAD
DUNEDIN FL 34698**

Mailing Address

**1120 CURLEW ROAD
DUNEDIN FL 34698
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

59-1259459

Applied For

Not Applicable

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

**KERN, EUGENE H PASTOR
200 WATERVIEW COURT
SAFETY HARBOR FL 34695**

Name

DALE WOODWORTH

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

1120 CURLEW ROAD

City

DUNEDIN

FL

Zip Code
34698

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.

DALE WOODWORTH

(NOTE: Registered Agent signature required when reinstating)

DATE

4/8/02

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 **WOODARD, DEBORAH**
STREET ADDRESS **3429 ASPEN TR**
CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE **DV JERRY RUDE** ☐ Change ☒ Addition
NAME **5042 POLAR DRIVE**
STREET ADDRESS **HOLIDAY, FL 34690**
CITY-ST-ZIP

TITLE **TD** ☒ Delete
NAME **WOLF, BARBARA**
STREET ADDRESS **1261 CORDOBA COURT**
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **TD** ☐ Change ☒ Addition
NAME **CARIN GOW**
STREET ADDRESS **1140 MARY JANE LANE**
CITY-ST-ZIP **DUNEDIN, FL 34698**

TITLE **SD** ☐ Delete
NAME **WOODWORTH, DALE**
STREET ADDRESS **2183 KARAN WAY**
CITY-ST-ZIP **CLEARWATER FL 34683**

TITLE **PD** ☒ Change ☐ Addition
NAME **DALE WOODWORTH**
STREET ADDRESS **2183 KARAN WAY**
CITY-ST-ZIP **CLEARWATER, FL 34683**

TITLE **DV** ☐ Delete
NAME **BACHER, KAREN**
STREET ADDRESS **30 BEECHTREE COURT**
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **SD** ☒ Change ☐ Addition
NAME **KAREN BACHER**
STREET ADDRESS **30 BEECHTREE COURT**
CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE **D** ☒ Delete
NAME **KERN, EUGENE H PASTOR**
STREET ADDRESS **200 WATER VIEW COURT**
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

DALE WOODWORTH Pres

Date

Daytime Phone #

4/8/02 727 391-9728

CR2E037 (9/01)