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

Mailing Address 1120 CURLEW ROAD

DUNEDIN FL 34698

3. Mailing Address

City & State

Zìp

Suite, Apt. #, etc.

## DOCUMENT # 710831 1. Entity Name SAINT MARK EVANGELICAL LUTHERAN CHURCH, DUNEDIN, FLORIDA, INC.

Principal Place of Business

2. Principal Place of Business

Country

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

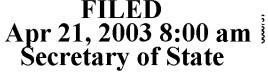
NAME

TITLE

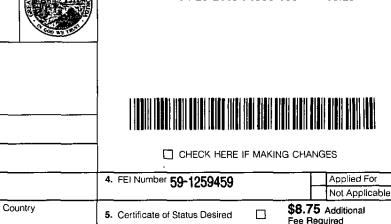
30 BEECHTREE COURT

PALM HARBOR FL 34683

1120 CURLEW ROAD DUNEDIN FL 34698



04-21-2003 90355 011 \*\*\*\*61 25



6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WOODWORTH, DALE Street Address (P.O. Box Number is Not Acceptable) 1120 CURLEW RD **DUNEDIN FL 34698** Zip Code City 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.

DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. DV ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME RUDE, JERRY NAME STREET ADDRESS 5042 POLAR DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLIDAY FL 34690 Delete TITLE TITLE GOW, CARIN NAME NAME WOLF BARBARA STREET ADDRESS 1140 MARY JANE LANE STREET ADDRESS 1261 CORSORA CT OUNEDIN FL 34698 CITY-ST-ZIP CITY-ST-ZIP **DUNEDIN FL 34698** Delete TITLE TITLE WOODWORTH, DALE NAME NAME STREET ADDRESS 2183 KARAN WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 34683** Addition Delete TITLE TITLE BACHER, KAREN NAME NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

HARRY JAMES

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.

☐ Delete

☐ Delete

☐ Change

☐ Addition