

DOCUMENT # 710936

1. Entity Name

ST. JOHN LUTHERAN CHURCH, INC.

Principal Place of Business

10495 SUNSET HARBOR RD.
SUMMERFIELD FL 34491
US

Mailing Address

10495 SUNSET HARBOR RD
SUMMERFIELD FL 34491
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

59-2037536

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

PIERCE, PAULA
14301 SE 94TH AVE
SUMMERFIELD FL 34491

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

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 P ☐ Delete
NAME HORAK, BOB
STREET ADDRESS 5640 SPINAHER
CITY-ST-ZIP LADY LAKE FL 32159

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME PIERCE, PAULA
STREET ADDRESS 14301 SE 94TH ST
CITY-ST-ZIP SUMMERFIELD FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME JIM STAYTON
STREET ADDRESS 9591 162ND PL RD
CITY-ST-ZIP SUMMERFIELD FL 34491

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME FRED BLAKE
STREET ADDRESS 1618 E SWARTZ BLVD
CITY-ST-ZIP LADY LK FL 32159

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ROBERT STODOLA
STREET ADDRESS 310 DELMAR DR
CITY-ST-ZIP LADY LK FL 32159

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:

JAMES H STAYTON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES H STAYTON 1/8/01 352-288-7041
Date Daytime Phone #

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90068 006 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)