

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2000 8:00 am**  
**Secretary of State**

02-25-2000 90009 005 \*\*\*\*61.25

**DOCUMENT # 711171**

1. Entity Name

**MARTIN LUTHER CHAPEL, INC.**

Principal Place of Business

Mailing Address

325 122 STREET GULFSIDE  
 MARATHON FL 33050

325 122 STREET GULFSIDE  
 MARATHON FLA 33050

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**51-0226408**

Applied For

Not Applicable

Zip

Country

Zip

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

**WRIGHT, TOM**  
**5701 OVERSEAS HWY**  
**SUITE 17**  
**MARATHON FL 33050**

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 **D**  Delete  
 NAME **LALLATHIN, BEULAH**  
 STREET ADDRESS **751 98TH ST.**  
 CITY-ST-ZIP **MARATHON FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **BRUSICK, ELSIE**  
 STREET ADDRESS **2658 YELLOWTAIL DR**  
 CITY-ST-ZIP **MARATHON FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DS**  Delete  
 NAME **BODKER, ERIC**  
 STREET ADDRESS **RT 2 BOX 419 US HWY ONE**  
 CITY-ST-ZIP **MARATHON FL**

TITLE  Change  Addition  
 NAME **EDWARD L. MATHISEN**  
 STREET ADDRESS **2663 YELLOWTAIL DR.**  
 CITY-ST-ZIP **MARATHON FLA 33050**

TITLE **P**  Delete  
 NAME **HANSON, ALEXANDER**  
 STREET ADDRESS **1177 76TH ST OCCAR**  
 CITY-ST-ZIP **MARATHON FL 33050**

TITLE **D**  Change  Addition  
 NAME **VERNON A FANKE**  
 STREET ADDRESS **7755 WAHOO DR**  
 CITY-ST-ZIP **MARATHON FL 33050**

TITLE **TD**  Delete  
 NAME **HARING, RITA**  
 STREET ADDRESS **658200 OVERSEAS HWY**  
 CITY-ST-ZIP **LONG KEY FL**

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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*2/16/00*

CR2E037 (9/99)