

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90072 026 ****61.25

DOCUMENT # 712478

1. Entity Name

HOLY CROSS EVANGELICAL LUTHERAN CHURCH, INC.

Principal Place of Business

Mailing Address

**724 BIG TREE ROAD
 SOUTH DAYTONA FL 32119**

**724 BIG TREE ROAD
 SOUTH DAYTONA FL 32119**

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

23-7039715

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHILLIAGER, DAVID R.
 4244 PENNINSULA AVE
 WILBUR BY THE SEA FL 32127**

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, name 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 Delete
 NAME **PD MATERNA, WALTER**
 STREET ADDRESS **5432 DUBOIS AVE**
 CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VPD WINZENS, MIKE**
 STREET ADDRESS **141 WESTGATE DR**
 CITY-ST-ZIP **PORT ORANGE FL 32119**

TITLE Change Addition
 NAME **VPD OEHME, Barbara**
 STREET ADDRESS **3463 Country walk Drive**
 CITY-ST-ZIP **Port Orange, FL 32119**

TITLE Delete
 NAME **TD GUNSALLUS, RICHARD**
 STREET ADDRESS **31 SILKMOSS COURT**
 CITY-ST-ZIP **DAYTONA BEACH FL 32119**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD MORIN, FREDERICKA**
 STREET ADDRESS **2472 OLD SAMSULA ROAD**
 CITY-ST-ZIP **DAYTONA BEACH FL 32124**

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

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-02 386 767 6542

CR2E037 (9/01)