

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719323

1. Entity Name

FAITH LUTHERAN CHURCH, INC., SEBRING, FLORIDA

Principal Place of Business

Mailing Address

2230 NE LAKEVIEW DRIVE
SEBRING FL 33870-2300

2230 NE LAKEVIEW DRIVE
SEBRING FL 33870-2300

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

59-1311263

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

DISLER, MICHAEL
329 SOUTH COMMERCE AVENUE
SEBRING FL 33870

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 DP ☐ Delete
NAME RITTER, DANIEL
STREET ADDRESS 2526 DOG LEG DR
CITY-ST-ZIP SEBRING FL

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

TITLE DV ☐ Delete
NAME SMITH, DENNIS
STREET ADDRESS 2310 SPARROW AVE.
CITY-ST-ZIP SEBRING FL 33872

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

TITLE DS ☐ Delete
NAME LOBBESTAE, DONNA
STREET ADDRESS 2637 ORANGE GROVE
CITY-ST-ZIP SEBRING FL

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

TITLE DT ☐ Delete
NAME CLARK, ERNA
STREET ADDRESS 4343 SCHUMACHER RD, 107W
CITY-ST-ZIP SEBRING FL

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

TITLE DE ☒ Delete
NAME DUDECK, JAMES
STREET ADDRESS 1927 N. TORRINGTON RD.
CITY-ST-ZIP AVON PARK FL 33825

TITLE ☐ Change ☒ Addition
NAME Scheer, LeRoy
STREET ADDRESS 504 E. Pleasant St.
CITY-ST-ZIP Avon Park, FL 33825

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

4-12-00 863-385-7848
Date Daytime Phone #

CR2E037 (9/99)