FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT #

734105

(0)

UNIVERSITY EVANGELICAL LUTHERAN CHURCH, INCORPOR

Principal Place of Business Mailing Address 1826 WEST UNIVERSITY AVENUE 1826 WEST UNIVERSITY AVENUE 3. Date Incorporated or Qualified GAINESVILLE FL 32603 GAINESVILLE FL 32603 10/20/<u>1975</u> 4. FEI Number Applied For 59-1091078 Not Applicable 2. Principal Place of Business 2a. Malling Address \$8.75 Additional 5. Certificate of Status Desired 26 21 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes 🔀 No 23 28 Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 30 Personal Property Tax due June 30. 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SAARELA, JACK A (REV) 82 Street Address (P.O. Box Number is Not Acceptable) 6002 N.W. 35 PL 83 **GAINESVILLE FL 32606**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agency obth, in the State of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agency the statement of the purpose of changing its registered of the corporation's board of directors. I hereby accept the appointment as registered agency of the corporation submits this statement for the purpose of changing its registered of the corporation submits this statement for the purpose of changing its registered of the corporation submits this statement for the purpose of changing its registered of the corporation submits this statement for the purpose of changing its registered of the corporation submits this statement for the purpose of changing its registered of the corporation submits this statement for the purpose of changing its registered of the corporation submits this statement for the purpose of changing its registered of the corporation submits this statement for the purpose of changing its registered of the corporation submits this statement for the purpose of changing its registered of the corporation submits this statement for the purpose of changing its registered of the corporation submits this statement for the purpose of changing its registered of the corporation submits this statement for the purpose of changing its registered of the corporation submits this statement for the purpose of changing its registered of the corporation submits this statement for the purpose of changing its registered of the corporation submits the purpose of changing its registered of the corporation submits the purpose of changing its registered of the corporation submits the co

office or registered agent of both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am faintliar with and accept the obligations of, Section 617.0503, Florida Statutes.							
SIGNATURE WASHINGTON							
	Signature, based or printed name of registered agent and title if app	icable (NOTE F	legistered Agent eignatur	required when reinstating)	DATE		
12.	OFFICERS AND DIRECTOR		13.		NGES TO OFFICERS A	ND DIRECTOR	
TITLE		DELETE	1.1 TITLE	PD		☐ Change	Addition
NAME	SAARELA, JACK A (REV)		1.2 NAME	RUTH FUGMAN	J W		·
STREET ADDRESS	Y		1.3 STREET ADDRESS	1137 KW 107			2
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-ST-ZIP	GAINGSVILLE F	L 32608		
TITLE] VO	DELETE	2.1 TITLE			Change	☐ Addition
NAME	ELMER W SCHIRMER		2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				•
CITY-ST-ZIP	ALACHUA FL		2. 4 CITY-ST-ZIP				
TITLE	SD	DELETE	3.1 TITLE		,	☐ Change	☐ Addition
NAME	HARRIS, CRAIG	•	3.2 NAME				
STREET ADDRESS	11201 SW 122ND ST		3.3 STREET ADDRESS				Ì
CITY-ST-ZIP	GAINESVILLE FL	_ _	3.4. CITY - ST - ZIP				
TITLE	PD	DELETE	4.1 TITLE	-	· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
NAME	ROUX, DIANE NELSON		4. 2 NAME	·			
STREET ADDRESS	5402 NW 38 PL		4.3 STREET ADDRESS				ļ
CITY-ST-ZIP	GAINESVILLE FL		4.4 CITY-ST-ZIP				
TITLE	TO	DELETE	5.1 TITLE			Change	Addition
NAME	RONALD BAULDREE		5.2 NAME				*
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP	GAINESVILLE FL		5.4 CITY-ST-ZIP	<u> </u>			
TITLE	SD	DELETE	6.1 TITLE			Change	☐ Addition
NAME	EUGENG BRANDNER	ADDITION	6.2 NAME				
STREET ADDRESS	927 NW 36 Rd		6.3 STREET ADDRESS				
	Ca. 1						

14. 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 annual report or supplemental annual 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 teport as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

May CRIME

R2E037 (10/97)

FILED

Mar 05 1998 8:00am

Secretary of State