2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2000 8:00 am
Secretary of State
01-29-2000 90109 007 ****61.25

DOCUMENT # 735231

1. Entity Name

SUNSHINE LUTHERAN BRETHREN CHURCH, INC.

Principal Place of Business	Mailing Address
5330 WHIPPOORWILL DR HOLIDAY FL 34690	5330 WHIPPOORWILL DR HOLIDAY FL 34690-2143

DO NOT WRITE IN THIS SPACE

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 59-2276285 ☐ 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
HEGGLAND, THOMAS 3047 FINCH DR HOLIDAY FL 34690	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	TITLE		☐ Change ☐ Addition
NAME	HOLDALEN, REIDAR		NAME		
STREET ADDRESS	3045 JARVIS ST		STREET ADDRESS		
CITY-ST-ZIP	HOLIDAY FL		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	JENSEN, MARIE		NAME		
STREET ADDRESS	2061 CORONET DR.		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL00000		CITY-ST-ZIP		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HEGGLAND, RICHARD		NAME		
STREET ADDRESS	6814 MILLSANE DR		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HEGGLAND, THOMAS		NAME		
STREET ADDRESS	3047 FINCH DR		STREET ADDRESS		
CITY-ST-ZIP	HOLIDAY FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Thomas Heggland Treasurer Director 1/24/00 727-937-174?
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #