

**2001 UNIFORM BUSINESS REPORT (UBR)**

2/

**FILED**  
**Mar 30, 2001 8:00 am**  
**Secretary of State**

02-02-2001 90255 040 \*\*\*\*61.25

**DOCUMENT # 740569**

1. Entity Name

**HOLY CROSS LUTHERAN CHURCH OF NORTH MIAMI, FLORI**

Principal Place of Business

Mailing Address

650 NE 135TH ST.  
 NORTH MIAMI FL 33161

650 NE 135TH ST.  
 NORTH MIAMI FL 33161

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 **59-0760214**

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

**BARTELS, DENNIS L REV.**  
**650 NE 135TH ST.**  
**NORTH MIAMI FL 33161**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	OETTING, WILLIAM	
STREET ADDRESS	650 NE 135 STREET	
CITY-ST-ZIP	N MIAMI FL 33161	

TITLE	<b>D</b> CHAIRMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MR JON PATRICK - D</b>	
STREET ADDRESS	<b>10475 SW 52 ST.</b>	
CITY-ST-ZIP	<b>COOPER CITY FL. 33328</b>	

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MEADOR, ROBERT	
STREET ADDRESS	650 NE 135 STREET	
CITY-ST-ZIP	N MIAMI FL 33161	

TITLE	<b>D</b> VICE CHAIRMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MR DAVID MCLEOD - D</b>	
STREET ADDRESS	<b>5316 SW 87 AVE</b>	
CITY-ST-ZIP	<b>COOPER CITY, FL. 33328</b>	

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	NASH, GEOFFREY	
STREET ADDRESS	650 NE 135 STREET	
CITY-ST-ZIP	N MIAMI FL 33161	

TITLE	<b>D</b> TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MR ANDREW HUNTINGTON - D</b>	
STREET ADDRESS	<b>253 N.E. 100 ST.</b>	
CITY-ST-ZIP	<b>MIAMI 34000, FL 33138</b>	

TITLE	T	<input type="checkbox"/> Delete
NAME	TERRY, HAROLD	
STREET ADDRESS	4461 SW 24TH AVE	
CITY-ST-ZIP	DANIA FL 33312	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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** Treasurer

1/24/01 305-757-6613

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)