

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2001 08:00 AM
Secretary of State

DOCUMENT # 757799

1. Entity Name
 ST. PAUL EVANGELICAL LUTHERAN CHURCH OF BOCA RATON, FL
 ORIDA, INC.

Principal Place of Business 701 WEST PALMETTO PARK ROAD BOCA RATON FL 33486	Mailing Address 701 WEST PALMETTO PARK ROAD BOCA RATON FL 33486
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number
59-1231929

Applied For	Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BROWN AUGUST
 701 W. PALMETTO PARK RD
 BOCA RATON FL 33486 US

7. Name and Address of New Registered Agent

Name
GLICK DENNIS WREY.
 Street Address (P.O. Box Number is Not Acceptable)
 701 W. PALMETTO PARK RD
 City **FL** Zip Code **33486**

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 **DENNIS W. GLICK** DATE **01/14/2001**
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVPD DIERKER JOHN 6510 WOODBURY RD. BOCA RATON FL 33433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FUERSTENAU ROBERT 800 SW 12TH AVE. BOCA RATON FL 33486	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZOOK MORGAN J 243 NW 9TH TERRACE BOCA RATON FL 33486	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HEFFERNAN PATRICK 9574 CAROSEL DR. N. BOCA RATON FL 33434	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SOLLENBERGER RETA 10056 COUNTRY BROOK RD. BOCA RATON FL 33428	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHIEFER CARL 2036 S. CONFERENCE DR. BOCA RATON FL 33486	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SCHNAKE CHRISTOPHER 691 SW 14TH STREET BOCA RATON FL 33486	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZOOK MORGAN J 243 NW 9TH TERRACE BOCA RATON FL 33486	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CROWLEY MICHAEL 1000 NW 6TH STREET BOCA RATON FL 33486	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MATLOCK INGRID 131 BAREFOOT COVE HYPOLUXO FL 33462	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOGAN DENNIS 3008 NW 25 WAY BOCA RATON FL 33434	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **Dennis Hogan** PD 01/14/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)