## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 757799

FILED Jan 25, 2002 8:00 AM Secretary of State

Entity Name: ST. PAUL EVANGELICAL LUTHERAN CHURCH OF BOCA RATON, FLORIDA, INC.

Jurrent P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
	T PALMETTO F TON, FL 3348				
Current N	lailing Addres	s:	New Mailing Addres	New Mailing Address:	
	T PALMETTO F TON, FL 3348				
El Number	: 59-1231929	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
701 W. PA	ENNIS W REV. ALMETTO PAR TON, FL 3348				
	e named entity s e of Florida.	submits this statement for the	purpose of changing its register	ed office or registered agent, or both,	
SIGNATU					
Electronic Signature of Registered Agent			ent	Date	
FFICER	S AND DIREC	TORS:	ADDITIONS/CHANG	SES TO OFFICERS AND DIRECTORS	
itle: lame: ddress: city-St-Zip:	PD () HOGAN, DENNI 3008 NW 25 W BOCA RATON,	AY	Title: Name: Address: City-St-Zip:	() Change () Addition	
itle: lame: ddress: city-St-Zip:	SD () MATLOCK, ING 131 BAREFOO HYPOLUXO, FL	Γ COVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
itle: lame: lddress: city-St-Zip:	VD () CROWLEY, MIO 1000 NW 6TH S BOCA RATON,	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
		Delete	Title:	( ) Change ( ) Addition	
Title: Name: Nddress: Dity-St-Zip:	TD () ZOOK, MORGA 243 NW 9TH TE BOCA RATON,	ERRACE	Name: Address: City-St-Zip:		
lame: \ddress:	ZOOK, MORĞA 243 NW 9TH TE BOCA RATON,	ERRACE FL 33486 US Delete RISTOPHER ETREET	Address:	( ) Change( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

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SIGNATURE:	DENNIS HOGAN	PD	01/25/2002