

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90140 023 ****61.25

DOCUMENT # C10350

1. Entity Name

ST. LUKE LUTHERAN CHURCH OF HIALEAH

Principal Place of Business

Mailing Address

**660 EAST 41ST STREET
 HIALEAH FL 33013**

**660 EAST 41ST STREET
 HIALEAH FL 33013-2345**

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

59-0867198

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

**KERR, MARY LOU
 660 EAST 41 ST.
 HIALEAH FL 33013**

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	VPD	<input checked="" type="checkbox"/> Delete
NAME	RESILLEZ, ELVA	
STREET ADDRESS	15420 NW 12TH PLACE	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	T	<input type="checkbox"/> Delete
NAME	KERR, MARY LOU	
STREET ADDRESS	4190 W-18 CT.	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ROETZ, RICHARD	
STREET ADDRESS	71 E 51ST PLACE	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	EDGERLY, JOANN	
STREET ADDRESS	20219 NW 52 CT	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROETZ, RICHARD	
STREET ADDRESS	71 East 51st Place	
CITY-ST-ZIP	Hialeah, FL 33013	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Davis, Glenn	
STREET ADDRESS	1811 W. 79th Street	
CITY-ST-ZIP	Hialeah, FL 33014	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROETZ, SUSAN	
STREET ADDRESS	71 East 51st Place	
CITY-ST-ZIP	Hialeah, FL 33013	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Mary Lou Kerr (Signature Required) 4/11/00 305-823-9349
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)