2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2002 8:00 am
Secretary of State
01-27-2002 90042 030 ****61.25

DOCUMENT # N06736

1. Entity Name

FOREST OAKS LUTHERAN CHURCH OF SPRING HILL, FLORIDA, INC.

Principal Place of Business	Mailing Address
8555 FOREST OAKS BLVD. SPRING HILL FL 34606	8555 FOREST OAKS BLVD. SPRING HILL FL 34606

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 59-2383020 ☐ 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
BLACKBURN, GENE 13225 JESSICA DRIVE SPRING HILL FL 34609	Name: ELLIS, GERHART Street Address (P.O. Box Number is Not Acceptable): 3088 Whispering Pines Ct. City: Spring Hill **FL** Zip Code: 34606

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 GERHART-ELLIS Pres & Director Gerhart B. Ellis 1/9/02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BLACKBURN, GENE 13225 JESSICA DRIVE SPRING HILL FL 34609	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ELLIS, GERHART 3088 Whispering Pines Ct. Spring Hill, Fl. 34606	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MIELKE, DONALD 8085 SUMMERSONG CT SPRING HILL FL 34606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD REUTER, HANK 10107 LORETTO ST. SPRING HILL FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MARTIN, ROY 11283 Hickory Ridge Ct. Spring Hill, Fl. 34609	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD STIEFVATER, CAROLE 4403 Berkeley Heights Ave. Spring Hill, Fl. 34606	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: Gerhart Ellis SIGNATURE REQUIRED Gerhart-Ellis 1/9/02 (352) 688-2887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #