2000 UNIFORM BUSINESS REPORT (UBR)

C/O REV. JOHN R. BUCHHEIMER

DOCUMENT # N11438

1. Entity Name

SIGNATURE:

Principal Place of Business C/O REV. JOHN R. BUCHHEIMER

BETHLEHEM LUTHERAN CHURCH, INCORPORATED

C/O REV. JOHN H. BUCHHEIMER 1423 N. 8TH AVENUE JACKSONVILLE BEACH FL 32250 2. Principal Place of Business Suite, Apt. #, etc. City & State		3. Mailing Address Suite, Apt. #, etc. City & State			• Ini 11881 11816 81866 11881 5861 8	AN SIDIL DIBNI BIDIL BIDI		
					DO NOT WRITE IN THIS SPACE			
				4. FEI Number	4. FEI Number Applied For Not Applicable			
Zíp	Country	Zip	Country	5. Certificate of	of Status Desired	\$8.75 444	itional	
	6. Name and Address of Currer	Registered Agent		7. Name and	7. Name and Address of New Registered Agent			
			Name	<u> </u>				
BUCHHEIMER, REV. JOHN R. 1423 N. 8TH AVENUE			Street Address (P.O. Box Number is Not Acceptable)					
JACKSON	VILLE BEACH FL 32250		City			FL Zip Code	,	
SIGNATURE .	Signature, typed or printed name of registered age FILE NOW: FEE IS \$61.25	9. Election Campaigr Trust Fund Contrib		\$5.00 May Be Added to Fees	Make Cho	eck Payable to		
10.	OFFICERS AND D	DIRECTORS	11.	ADDITIONS/CHA	NGES TO OFFICERS AN	ID DIRECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JACOBS, DAVID 5126 OTTER CR DR	☐ Delete	NAME STREET ADDRESS	TP fuber, Paul 3515 Tula Dr iacksonville, F	ive	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PONTE VEDRA BEACH FL DS RABAR, MEIL 811 2ND STREET NEPTUNE BEACH FL	☐ Delete	TITLE NAME STREET ADDRESS	os Trembly Rus 18327 South t	ssell tidden Lake I FL 32216		Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT- FISCHERS, LEE 3 SEA BASS LANE PONTE VEDRA FL	☐ Delete	TITLE NAME STREET ADDRESS	OT Baldwin Ho. 1936 Cedar		∑ -Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TOME VEDICALE	☐ 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			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
12. I hereby of indicated of the cor	I certify that the information supplied w I on;this report or supplemental report poration or the receiver or trustee em , or on an attachment with an address	is true and accurate and that report	my signature shall ha as required by Chap	ve the same legal effect	as if made under oath; t	hat I am an officer	or director \	

2-21-00

Date

964 279 2178

Daytime Phone #

FILED

Feb 29, 2000 8:00 am Secretary of State

02-29-2000 90164 004 ****61.25