

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2002 8:00 am**  
**Secretary of State**

0004708

**DOCUMENT # N11438**

1. Entity Name

**BETHLEHEM LUTHERAN CHURCH, INCORPORATED**

02-06-2002 90017 046 \*\*\*\*61.25

Principal Place of Business

Mailing Address

C/O REV. JOHN R. BUCHHEIMER  
 1423 N. 8TH AVENUE  
 JACKSONVILLE BEACH FL 32250

C/O REV. JOHN R. BUCHHEIMER  
 1423 N. 8TH AVENUE  
 JACKSONVILLE BEACH FL 32250

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 **23-7061413**

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

**BUCHHEIMER, REV. JOHN R.**  
**1423 N. 8TH AVENUE**  
**JACKSONVILLE BEACH FL 32250**

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          | DP                          | <input checked="" type="checkbox"/> Delete |
| NAME           | HUBER, PAUL                 |                                            |
| STREET ADDRESS | 902 N 4TH ST                |                                            |
| CITY-ST-ZIP    | JACKSONVILLE BEACH FL 32250 |                                            |
| TITLE          | DS                          | <input type="checkbox"/> Delete            |
| NAME           | TREMBLY, RUSSELL            |                                            |
| STREET ADDRESS | 8327 S. HIDDEN LK DR        |                                            |
| CITY-ST-ZIP    | JACKSONVILLE FL 32216       |                                            |
| TITLE          | DT                          | <input checked="" type="checkbox"/> Delete |
| NAME           | BALDWIN, HOWARD             |                                            |
| STREET ADDRESS | 3936 CEDAR ISLAND RD E      |                                            |
| CITY-ST-ZIP    | JACKSONVILLE BEACH FL 32250 |                                            |
| TITLE          |                             | <input type="checkbox"/> Delete            |
| NAME           |                             |                                            |
| STREET ADDRESS |                             |                                            |
| CITY-ST-ZIP    |                             |                                            |
| TITLE          |                             | <input type="checkbox"/> Delete            |
| NAME           |                             |                                            |
| STREET ADDRESS |                             |                                            |
| CITY-ST-ZIP    |                             |                                            |
| TITLE          |                             | <input type="checkbox"/> Delete            |
| NAME           |                             |                                            |
| STREET ADDRESS |                             |                                            |
| CITY-ST-ZIP    |                             |                                            |

|                |                             |                                                                              |
|----------------|-----------------------------|------------------------------------------------------------------------------|
| TITLE          | DP                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Fischer, Lee                |                                                                              |
| STREET ADDRESS | 8 Sea Bass Lane             |                                                                              |
| CITY-ST-ZIP    | Ponte Vedra Beach, FL 32082 |                                                                              |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                             |                                                                              |
| STREET ADDRESS |                             |                                                                              |
| CITY-ST-ZIP    |                             |                                                                              |
| TITLE          | DT                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Doe, Donald                 |                                                                              |
| STREET ADDRESS | 16 mana Place               |                                                                              |
| CITY-ST-ZIP    | Ponte Vedra Beach, FL 32082 |                                                                              |
| 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:** *John R. Buchheimer* **1/21/02 904-249-5418**

CR2E037 (9/01)

Attachment  
Doct# N11438  
B0017755

CHANGES TO BLOCK 10:

DP  
FISCHER, LEE  
3 SEA BASS LANE  
PONTE VEDRA BEACH, FL 32082

DT  
NOE, DONALD  
16 MARIA PLACE  
PONTE VEDRA BEACH, FL 32082