

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90011 018 ****70.00

DOCUMENT # N28426

1. Entity Name

REDEEMER LUTHERAN CHURCH OF WARRINGTON, FLORIDA.

Principal Place of Business

Mailing Address

**333 COMMERCE STREET
 WARRINGTON FL 32507**

**333 COMMERCE STREET
 WARRINGTON FL 32507**

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

59-0838097

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

**YOUNG, ROBERT
 333 COMMERCE STREET
 WARRINGTON FL 32507**

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 **PD** Delete
 NAME ~~SMITH, NEAL~~
 STREET ADDRESS ~~6754 VENTURA LANE~~
 CITY-ST-ZIP ~~PENSACOLA FL~~

TITLE **PD** Change Addition
 NAME **SUMMERS, DONALD**
 STREET ADDRESS **651 SEAPINE CIRCLE**
 CITY-ST-ZIP **PENSACOLA, FL 32506**

TITLE **FSD** Delete
 NAME **SMOTHERS, STEVE**
 STREET ADDRESS **535 LIFAIR PLACE**
 CITY-ST-ZIP **PENSACOLA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME ~~WILKEY, EDWARD~~
 STREET ADDRESS ~~9008 CARIBBEAN DR~~
 CITY-ST-ZIP ~~PENSACOLA FL~~

TITLE **VD** Change Addition
 NAME **HATCH, LAURENCE**
 STREET ADDRESS **1311 EAGLE DRIVE**
 CITY-ST-ZIP **PENSACOLA, FL 32533**

TITLE **TD** Delete
 NAME **FORCHILLI, ROBERT**
 STREET ADDRESS **4960 CATALINA CIRCLE**
 CITY-ST-ZIP **PENSACOLA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **HUEBSCHMAN, MEL**
 STREET ADDRESS **671 HALCYON CIR**
 CITY-ST-ZIP **PENSACOLA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **CRANDALL, WENDY**
 STREET ADDRESS **2057 PIN HIGH DR**
 CITY-ST-ZIP **PENSACOLA FL**

TITLE Change 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:

Donald Summers
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 14, 2001 (850) 452-2123
 Date Daytime Phone #

CR2E037 (10/00)