

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90012 045 ****61.25

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DOCUMENT # N47219

1. Entity Name

EPIPHANY LUTHERAN CHURCH, INC.

Principal Place of Business

1498 TUSKAWILLA RD
 OVIEDO FL 32765
 US

Mailing Address

1498 TUSKAWILLA RD
 OVIEDO FL 32765
 US

644856



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3030590

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, DAVID M
 152 PEREGRINE CT
 WINTER SPRINGS FL 32708

7. Name and Address of New Registered Agent

Name **DAN A BOGAN**
 Street Address (P.O. Box Number is Not Acceptable)
4016 MISTY MORNING PLACE
 City **CASSELBERRY** FL Zip Code **32707**

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 *Dan A. Bogan* **DAN A. BOGAN PRESIDENT 4-15-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEES 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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, DAVID M	
STREET ADDRESS	152 PEREGRINE CT	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SLAVIN, ROBERT	
STREET ADDRESS	1685 RIVEREDGE RD	
CITY-ST-ZIP	OVIEDO FL 32766	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	NORTH, SYLVIA	
STREET ADDRESS	1038 LUNDY CT	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LEHNER, MARK	
STREET ADDRESS	2000 CHAPMAN OAKS DR	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAN A BOGAN	
STREET ADDRESS	4016 MISTY MORNING PL	
CITY-ST-ZIP	CASSELBERRY 71A 32707	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD RUDY	
STREET ADDRESS	1214 ROYAL OAK DRIVE	
CITY-ST-ZIP	WINTER SPRINGS 71 32708	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SABRA LONDON	
STREET ADDRESS	7145 PHEASANT CIRCLE	
CITY-ST-ZIP	WINTER SPRINGS, 71A 32708	
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: *Dan A Bogan* **DAN A BOGAN** 4-15-01 407 8754510
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E037 (10/00)