FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 12, 2001 8:00 am Secretary of State **DOCUMENT # N51317** 1. Entity Name 04-12-2001 90042 016 ****75.00 CHRIST LUTHERAN CHURCH OF BROOKSVILLE, FLORIDA, Principal Place of Business Mailing Address 475 NORTH AVE. WEST 475 NORTH AVE. WEST **BROOKSVILLE FL 34601 BROOKSVILLE FL 34601** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 23-7046292 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MCKEE, TERRY 1445 ESCOBAR AVE SPRING HILL FL 34608 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) d name of registered agent and title if applicable. 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Department of State Trust Fund Contribution. Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ₩ Change ☐ Addition TITLE PD TITLE X Delete BOSSELMAN, GEORGE, L NAME Lacey Walker NAME STREET ADDRESS STREET ADDRESS 24226 WESTMINISTER COURT 35046 Smoke Tree Lane **BROOKVILLE FL** CITY-ST-ZIP CITY-ST-ZIP Ridge Manor, F1 33523 ٧D 🛛 Delete TITLE ☐ Change **Addition** VD John Freier TITLE VELEBER, JOHN NAME NAME STREET ADDRESS 15294 Blanford St STREET ADDRESS 9325 SOUTHERN BELLE DR CITY-ST-ZIP CITY-ST-ZIP Brooksville, Fl. 34601 Weeki Wachee Fl Change **X** Addition Delete TITLE TITLE TOCharles Brooks SCHMIDT, LLOYD NAME NAME STREET ADDRESS 900 N. BROAD ST., SUITE 4258 STREET ADDRESS 13477 Pineda CITY-ST-7IP CITY-ST-ZIP **BROOKSVILLE FL** Brooksville, Fl. 34601 ☐ Change ☐ Addition Delete TITLE TITLE NAME BOYATT, DOROTHY NAME 7509 MISSION ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BROOKSVILLE FL 34613** ☐ Change ☐ Addition TITLE Delete TITLE NAME SCHEERER, HERBERT W NAME STREET ADDRESS 9296 W. FOREST VIEW DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOMOSASSA FL 34448 TITLE 🔀 Delete ☐ Addition TITLE ☐ Change WALKER, LACEY NAME NAME STREET ADDRESS 35046 SMOKE TREE LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RIDGE MANOR FL 33523 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Larles W. Brooks Date) Transver Dayline Phone #

SIGNATURE: