2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90343 050 ****61.25

DOCUMENT # N51317

1. Entity Name

CHRIST LUTHERAN CHURCH OF BROOKSVILLE, FLORIDA, INC.

Principal Place of Business	Mailing Address
475 NORTH AVE. WEST BROOKSVILLE FL 34601	475 NORTH AVE. WEST BROOKSVILLE FL 34601

DO NOT WRITE IN THIS SPACE

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 23-7046292 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCKEE, TERRY
1445 ESCOBAR AVE
SPRING HILL FL 34608

7. Name and Address of New Registered Agent

Name BONNIE YUNGMANN
Street Address (P.O. Box Number is Not Acceptable)
10021 Weeks Dr
City Brooksville FL Zip Code 34601

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 Bonnie L Yungmann Pres.
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WALKER, LACEY 35046 SMOKE TREE LANE RIDGE MANOR FL 33523	☑ Delete	PD WM KORN 10235 Trudy Lynn Dr. Brooksville, FL 34601	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FREIER, JOHN 15294 BLANFORD ST BROOKSVILLE FL 34601	☑ Delete	VD CAREY CARLSON 23112 Fitzhugh Ave Brooksville FL 34601	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BROOKS, CHARLES 13477 PINEDA BROOKSVILLE FL 34601	☑ Delete	TD BONNIE YUNGMANN 10021 WEEKS DR BROOKSVILLE FL 34601	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BOYATT, DOROTHY 7509 MISSION ST BROOKSVILLE FL 34613	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

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: Bonnie L Yungmann Pres. 4/30/02 352-799 2265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number