

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90227 004 ****61.25

DOCUMENT # P15042

1. Entity Name

FLORIDA-BAHAMAS SYNOD OF THE EVANGELICAL LUTHERA

Principal Place of Business

3838 W CYPRESS STREET
TAMPA FL 33607-1897

Mailing Address

3838 W CYPRESS STREET
TAMPA FL 33607-1897

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

36-3514266

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PHIPPS, SUSAN R.

**3838 W. CYPRESS STREET
TAMPA FL 33607**

7. Name and Address of New Registered Agent

Name

HAUGHWOUT, RICHARD

Street Address (P.O. Box Number is Not Acceptable)

3838 W. CYPRESS ST.

City

TAMPA

FL

Zip Code

33607

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.

RICHARD HAUGHWOUT, TREASURER

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-26-1

**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

TITLE	P	☐ Delete
NAME	TREXLER, REV. WILLIAM B	
STREET ADDRESS	3838 W CYPRESS	
CITY-ST-ZIP	TAMPA FL	
TITLE	S	☐ Delete
NAME	YESSE, REV. WILLIAM	
STREET ADDRESS	2500 S VOLUSIA AVE	
CITY-ST-ZIP	ORANGE CITY FL	
TITLE	T	☐ Delete
NAME	PHIPPS, SUSAN R.	
STREET ADDRESS	3838 WEST CYPRESS	
CITY-ST-ZIP	TAMPA FL	
TITLE	VP	☐ Delete
NAME	JOHNSON, CECILIA M.	
STREET ADDRESS	43 FOREST VIEW WAY	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	☒ Change ☐ Addition
NAME	RAVE, JAMES A.	
STREET ADDRESS	3838 W. CYPRESS	
CITY-ST-ZIP	TAMPA, FL. 33607	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	☒ Change ☐ Addition
NAME	Richard Haughwout	
STREET ADDRESS	3838 W Cypress ST	
CITY-ST-ZIP	Tampa, FL 33607	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: **X SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES A. RAVE 1/24/01 813676 7660

Date

Daytime Phone #

CR2E037 (10/00)