

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707590

1. Entity Name

ADVENT LUTHERAN CHURCH INC

Principal Place of Business

2156 LOCH RANE BLVD
ORANGE PARK FL 32073

Mailing Address

2156 LOCH RANE BLVD
ORANGE PARK FL 32073-4276

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

59-6498117

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WINTER, DAVID E.
2156 LOCH RANE BLVD
ORANGE PARK FL 32073

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	<input type="checkbox"/> Delete
NAME	MANDADAORI, JANE	
STREET ADDRESS	2757 PEBBLERIDGE COURT	
CITY-ST-ZIP	ORANGE PARK FL 32065	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCNEIL, ELIZABETH	
STREET ADDRESS	12879 BIGGIN CHURCH RD S	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	TD	<input type="checkbox"/> Delete
NAME	THOLEN, RUSS	
STREET ADDRESS	1954 CHOCTAW LANE	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	D	<input type="checkbox"/> Delete
NAME	WINTER, DAVID	
STREET ADDRESS	2156 LOCH RANE BLVD	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOOVER, CHUCK	
STREET ADDRESS	1316 Black Gum Ct.	
CITY-ST-ZIP	Orange Park, FL 32073	
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		
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: X [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

296-5867

CR2E037 (9/99)

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90036 004 ****61.25



DO NOT WRITE IN THIS SPACE