2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

8/6

FILED
Sep 02, 2003 8:00 am
Secretary of State
08-06-2003 90055 033 ****61.25

DOCUMENT # 706096

55055372

1. Entity Name
ST. PAUL LUTHERAN CHURCH OF TAMPA FLORIDA, INC.

Principal Place of Business	Mailing Address
5103 N CENTRAL AVE TAMPA FL 33603-2215 US	5103 N CENTRAL AVE TAMPA FL 33603-2215 US

[redacted]

☐ CHECK HERE IF MAKING CHANGES

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 59-0914077 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KRUGER, DAVID P
5107 N CENTRAL AVE.
TAMPA FL 33603-2215

RANDY Phillips
5107 N. Central Ave
Tampa, Fla 33603-2215

7. Name and Address of New Registered Agent

Name Falter, [redacted] Edna-Lou

Street Address (P.O. Box Number is Not Acceptable) 12708 N. 52nd St

City Temple Terrace FL Zip Code 33617-1230

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Gertrude M. Bierlein Gertrude M. Bierlein, Secy 8/27/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Randy Phillips 7/30/03

FILE NOW: FEE IS $61.25
After September 10, 2003, min will be $236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FRITZ, CHRISTINA 210 W. GENESEE ST. TAMPA FL 33603-3631	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PHILLIPS, RANDY 14709 CROYDON PL TAMPA FL 33618-2160	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CLARK, EDWINA F 11745 GAIL DR TAMPA FL 33617-1807	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DELACH, ANN 5405 N SEMINOLE AVE TAMPA FL 33604-7047	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COX, LINDA 5606 N HABANA AVE TAMPA FL 33614-6064	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SNOW, ADRIAN 23718 LAKEHILLS DR LUTZ FL 33559-6761	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (4/03)

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: Edna-Lou Falter August 3 2003 (813) 988-6467
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #