

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734105

Entity Name: UNIVERSITY EVANGELICAL LUTHERAN CHURCH,
INCORPORATED**Current Principal Place of Business:**1826 WEST UNIVERSITY AVENUE
GAINESVILLE, FL 32603**Current Mailing Address:**1826 WEST UNIVERSITY AVENUE
GAINESVILLE, FL 32603**FEI Number: 59-1091078****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GORDON, RONALD M DIRECTOR
1826 WEST UNIVERSITY AVENUE
GAINESVILLE, FL 32603 US*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:** RONALD M. GORDON**05/07/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name NORFORD, KRISTINA E
Address 125 SE 16TH AVE
L102
City-State-Zip: GAINESVILLE FL 32601

Title VP
Name DAY, DONNA
Address 6602 SW 78TH ST
City-State-Zip: GAINESVILLE FL 32608

Title DIRECTOR
Name KLEIN, JACKIE
Address 1918 NW 43TH AVE
City-State-Zip: GAINESVILLE FL 32605

Title DIRECTOR
Name JANKE, JANET
Address 5200 SW 25TH BLVD
#1220
City-State-Zip: GAINESVILLE FL 32608

Title TREASURER
Name YALE, JAMES L.
Address 8520 SW 99TH PLACE
City-State-Zip: GAINESVILLE FL 32608

Title SECRETARY
Name VALA, VIBEKE
Address 3432 NW 11TH AVE
City-State-Zip: GAINESVILLE FL 32605

Title SECRETARY
Name GORDON, RONALD M DR.
Address P. O. BOX 14494
City-State-Zip: GAINESVILLE FL 32614

Title PASTOR
Name JACOB, TERRANCE
Address 4001 NW 9TH COURT
City-State-Zip: GAINESVILLE FL 32608

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES L YALE**TREASURER****05/07/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BAULDREE, SANDRA
Address 1210 NW 34TH ST
City-State-Zip: GAINESVILLE FL 32605

Title PRESIDENT
Name BORGERT, REBECCA
Address 679 TURKEY CREEK
City-State-Zip: GAINESVILLE FL 32615