2017 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:

UNIVERSITY EVANGELICAL LUTHERAN CHURCH, INC. 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 01/22/2017

Title

Electronic Signature of Registered Agent

Officer/Director Detail:

City-State-Zip:

Title **PRESIDENT** Title VICE-PRESIDENT

Name NORFORD, KRISTINA E Name CHAMBERLIN, WILLIAM DR.

Address 125 SE 16TH AVE Address 2632 NW 28TH PLACE

L102

City-State-Zip: GAINESVILLE FL 32605 City-State-Zip: GAINESVILLE FL 32601

Title **SECRETARY** Title **TREASURER** Name

JAHN, STEPHANI Name YALE, JAMES L.

Address 1627 NE 40TH PLACE Address 8520 SW 99TH PLACE

City-State-Zip: GAINESVILLE FL 32609 GAINESVILLE FL 32608

City-State-Zip:

GAINESVILLE FL 32608

Title **DIRECTOR** Name VALA, VIBEKE DAY, DONNA Name

3432 NW 11TH AVE Address

Address 6602 SW 78TH ST City-State-Zip: GAINESVILLE FL 32605

Title DIRECTOR

Title DIRECTOR Name GORDON, RONALD M DR.

Name KLEIN, JACKIE Address P. O. BOX 14494

1918 NW 43TH AVE Address City-State-Zip: GAINESVILLE FL 32614

GAINESVILLE FL 32605 City-State-Zip:

Continues on page 2

DIRECTOR

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.

01/22/2017 SIGNATURE: JAMES YALE **TREASURER**

Electronic Signature of Signing Officer/Director Detail

Date

FILED Jan 22, 2017

Secretary of State

CC2839182449

Date

Officer/Director Detail Continued:

Title DIRECTOR
Name JANKE, JANET

Address 5200 SW 25TH BLVD

#1220

City-State-Zip: GAINESVILLE FL 32608