

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 734105

**FILED**  
**Apr 28, 2016**  
**Secretary of State**  
**CC4833889429**

**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**

**04/28/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title           VICE-PRESIDENT  
Name           NORFORD, KRISSI MRS.  
Address        125 SE 16 AVE  
                  APT. L102  
City-State-Zip: GAINESVILLE FL 32601

Title           TREASURER  
Name           BAULDREE, RONALD  
Address        1210 NW 34 STREET  
City-State-Zip: GAINESVILLE FL 32605

Title           SECRETARY  
Name           STEPHANI, JANY MRS.  
Address        1627 NE 40 PL  
City-State-Zip: GAINESVILLE FL 32609

Title           DIRECTOR  
Name           BRITO, JANETE MRS.  
Address        6400 SW 93 AVE  
City-State-Zip: GAINESVILLE FL 32608

Title           DIRECTOR  
Name           SAARELA, JESSE  
Address        2329 NW 54 PL  
City-State-Zip: GAINESVILLE FL 32653

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

Title           DIRECTOR  
Name           CHAMBERLIN, WILLIAM DR.  
Address        2632 NW 28 PL  
City-State-Zip: GAINESVILLE FL 23605

**Continues on page 2**

*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: RONALD B. BAULDREE**

**TREASURER**

**04/28/2016**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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