

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 734105

**FILED**  
**Apr 03, 2018**  
**Secretary of State**  
**CC7510097898**

**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**

**04/03/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title PRESIDENT  
Name CHAMBERLIN, WILLIAM DR.  
Address 2632 NW 28TH PLACE  
City-State-Zip: GAINESVILLE FL 32605

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

Title DIRECTOR  
Name MONTMARQUETTE, ANNA GRACE  
Address 11136 SW ARCHER RD  
City-State-Zip: GAINESVILLE FL 32608

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

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

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

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

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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: RONALD M. GORDON**

**DIRECTOR**

**04/03/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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