2000 UNIFORM BUSINESS REPORT (UBR)

7/1

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DOCUMENT # 700045  1. Entity Name						FILED Aug 02, 2000 8:00 an Secretary of State					
FAITH L	UTHERAN CHURCH OF DUNI	EDIN, FLORIDA, INC.		sh.	•		Secr	etar	y of S	State	
Principal Plac	ce of Business	Mailing Address		_			07-12-2	000 900	04 024 **	**61.25	
620 PINEHUR DUNEDIN FL 3		1620 PINEHURST ROAD DUNEDIN FLA 34698-3842									
2. Principal F	face of Business	3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		<u> </u>			DO NOT WRI	TE IN THIS	SPACE		
City & Stat	е	City & State			4. FEI Number Applied For Not Applicable						
Zip Country		Zip Co		untry 5. Ce			of Status Desired		\$8.75 Add	ditional	
	6. Name and Address of Current F	Registered Agent				. Name and	Address of New F	Registered	Agent		
SONTAG,	MARTIN	a tanan dan dan <u>ang ang atau atau dan</u> a <del>ng ang atau dan ang ang a</del> ng		Street Ad		. Box Numb	er is Not Acceptable	a)			
2020 VALL DUNEDIN	ey drive		City				FL	Zip Coo	de		
Signature, typed or printed name of registered agent and title it applicable.  FILE NOW:  FEE IS \$61.25  Signature, typed or printed name of registered agent and title it applicable.  FILE NOW:  Trust Fund Cor						DATE  OD May Be d to Fees Department of State					
			T 44			NET CALIFORNIA	10000 70 0000	TO AND O	DECTORS IN	1.10	
10. Title Name Street adoress	TD GRIFFITHS, LAURA 1013 PATRIOT PL	Delete		ADORESS			Directors	,D,	Change	Addition &	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	DUNEDIN FL 34698 C MARRIOTT, JANET 1512 CASCADE CT.	Delete	CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS						☐ Change	Addition C	
CITY-ST-ZIP	DUNEDIN-FL' VD JONES, HOWARD	☐ Delete	~CITY-S' TITLE - NAME≃		Boar	d_0f_	_Directors_	<u>'4`</u>	Change	Addition	
STREET ADDRESS CITY+ST-ZIP	305 BAY STREET PLAM HARBOR FL	·	STREET CITY-5	ADORESS T-ZIP		<u>-</u>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SP HARK, GERI 3014 ST. JOHN DRIVE CLEARWATER FL	Delete .	TITLE NAME STREET CITY-S	ADORESS T-ZIP	Boar	rd of	Directors	ν,	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	or mover M SYYF Y1 Byl 1 T da	□ Delete	TITLE NAME STREET CITY-SI	Address 1-21p	Rober	Tra	ester	•	☐ Change	Addition	
TITLE NAME STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	Delete	TITLE		Preside Robert 2076 P	Trae	ster Cir South		Change	ادمنن	

12. I hereby certify that the information supplied with this filling 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 of 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:

6.20.00

727.733.2800