

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90003 012 ****61.25

DOCUMENT # 700634

1. Entity Name

NORTHDAL E VANGELICAL LUTHERAN CHURCH, INCORPORA

Principal Place of Business

**15709 MAPLEDALE BLVD.
TAMPA FL 33624
US**

Mailing Address

**15709 MAPLEDALE BLVD.
TAMPA FL 33624
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2379252

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARTWIG, DAVID W
12004 MIDDLEBURY DR
TAMPA FL 33626**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
JOHNSON, JIM
6004 COUNTRY CLUB RD
WESLEY CHAPEL FL 33544** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
SCHOFER, BILL
2803 W. KENMORE
TAMPA FL 33614** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
TODD LOESCHER
28806 FALLING LEAVES WAY
WESLEY CHAPEL, FL 33543** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
ORRIE, ANDERSON
21805 OCEAN PINES DR.
LAND-O-LAKES FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
HARTWIG, DAVID
12004 MIDDLEBURY DR
TAMPA FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
KIM, JOHN J
135 SE 21 AVE
ST. PETERSBURG FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
HARLAN HEGGE
16202 ARMISTEAD LN
ODDESSA, FL 33556** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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 or 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:

Rev. Roger Rockhoff
Rev. Roger Rockhoff

1/4/01

(813) 961-9195

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)