

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90113 025 \*\*\*\*61.25

**DOCUMENT # 700634**

1. Entity Name

**NORTHDAL E VANGELICAL LUTHERAN CHURCH, INCORPORATED**

Principal Place of Business

Mailing Address

15709 MAPLEDALE BLVD.  
TAMPA FL 33624  
US

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

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

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

TITLE VD ☐ Change ☒ Addition  
NAME BILL SCHOFER  
STREET ADDRESS 2803 W. KENNEDY  
CITY-ST-ZIP TAMPA, FL 33614

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

TITLE SD ☐ Change ☒ Addition  
NAME RICK RADTKE  
STREET ADDRESS 15814 MUIRFIELD DR.  
CITY-ST-ZIP ODESSA, FL 33556

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

TITLE TD ☐ Change ☒ Addition  
NAME HARLAN HEGGE  
STREET ADDRESS 16202 ARMISTAD LN.  
CITY-ST-ZIP ODESSA, FL 33556

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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: Todd Loescher **REQUIRED** TODD LOESCHER 1-24-02 813-961-9195

CR2E037 (9/01)