

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90011 041 \*\*\*\*61.25

**DOCUMENT # 701097**

1. Entity Name

**GRACE LUTHERN CHURCH OF CLEARWATER, INC., CLEARWATER, FLORIDA**

Principal Place of Business

Mailing Address

1812 N.HIGHLAND AVE.  
 CLEARWATER, FL 33755  
 US

1812 N.HIGHLAND AVE.  
 CLEARWATER, FL 33755  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0998928

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

WHITENER, C. PHILLIP  
 1812 N HIGHLAND AVE  
 CLEARWATER FL 34615

Name

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

City

FL

Zip Code

33755

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	VD	<input type="checkbox"/> Delete
NAME	FLAGG, CHRISTINE	
STREET ADDRESS	439 LAKEVIEW DR	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TIEMAN, LAWRENCE	
STREET ADDRESS	1812 N HIGHLAND AVE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BENSON, NANCY	
STREET ADDRESS	430 WILDWOOD WAY	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HEATH, MELODIE	
STREET ADDRESS	1950 FLORA RD	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Krajci, Arlynn	
STREET ADDRESS	3518 Bay Berry Dr.	
CITY-ST-ZIP	Clearwater FL 33763	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Saxby, Iris	
STREET ADDRESS	223 Hobart Ave.	
CITY-ST-ZIP	Clearwater FL 33755	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1-27-02

Daytime Phone #: 446-5026

CR2E037 (9/01)