

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 90009 005 ****61.25

DOCUMENT # 701948

1. Entity Name

CHRIST THE KING LUTHERAN CHURCH, INCORPORATED

Principal Place of Business

1577 SUNSET STRIP N.W. 61ST AVENUE
 FORT LAUDERDALE FL 33313

Mailing Address

1577 SUNSET STRIP N.W. 61ST AVENUE
 FORT LAUDERDALE FL 33313

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

59-0995239

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FULWEBER, ROBERTA
11877 SW 11TH CT
107
DAVIE FL 33325

7. Name and Address of New Registered Agent

Name

John G. Waldron

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

8391 N.W. 27 Place

City

Sunrise

FL

Zip Code

33322

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

John G. Waldron

(NOTE: Registered Agent signature required when reinstating)

May 10, 2001

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

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SEEKINS, DAVID	
STREET ADDRESS	8460 NW 24TH CT	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SAUNDERS, CHARLES	
STREET ADDRESS	5850 NW 14TH ST	
CITY-ST-ZIP	SUNRISE FL 33313	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GUYER, DAVID	
STREET ADDRESS	4875 NW 115TH WAY	
CITY-ST-ZIP	SUNRISE FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	TIDWELL, DON	
STREET ADDRESS	221 NW 45TH CT	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CONFARE, KATE	
STREET ADDRESS	3980 NW 116TH TERRACE	
CITY-ST-ZIP	SUNRISE FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FULWEBER, ROBERTA	
STREET ADDRESS	11877 SW 11TH CT	
CITY-ST-ZIP	DAVIE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Almarce Headrick	
STREET ADDRESS	3948 NW 39th Ave	
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33309	
TITLE	V.P. Thomas Headrick	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3948 NW 39th Ave	
STREET ADDRESS	LAUDERDALE LAKES, FL 33309	
CITY-ST-ZIP		
TITLE	Pres. Don Tidwell	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	221 NW 45th Ct	
STREET ADDRESS	Ft. Lauderdale, FL 33309	
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Waldron	
STREET ADDRESS	8391 NW 27th Place	
CITY-ST-ZIP	SUNRISE, FL 33322	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bauer, Deborah	
STREET ADDRESS	2950 N.W. 46 Avenue, Bldg. 17205	
CITY-ST-ZIP	Fort Lauderdale, FL 33313	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Braaf, Humphrey	
STREET ADDRESS	6211 N.W. 14 Place	
CITY-ST-ZIP	Sunrise, FL 33313	

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:

Almarce Headrick
 SIGNATURE REQUIRED

5/10/01 (954) 484-1800

CR2E037 (10/00)