

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90123 039 ****61.25

DOCUMENT # 702366

1. Entity Name

OUR SAVIOR LUTHERAN CHURCH OF PLANTATION, FLORID

Principal Place of Business

Mailing Address

**OUR SAVIOR LUTHERN CHURCH
 8001 N.W. 5TH STREET
 PLANTATION FL 33324
 US**

**OUR SAVIOR LUTHERN CHURCH
 8001 N.W. 5TH STREET
 PLANTATION FL 33324-1914
 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 **59-1022550**

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

Name

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

City

FL

Zip Code

**OBERG, DONNA L.
 731 CONCH SHELL MANOR
 PLANTATION FL 33324**

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:
 FEES 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	ST REDECKER, MRS SANDRA 821 GREENBRIAR AVE DAVIE FL 33325	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MATZKE, MR GEORGE 8491 SW 30TH ST DAVIE FL 33328	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT COUTTS, MR BILL 561 SW 166TH TERR FT LAUDERDALE FL 33326	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OBERG, DONNA L 731 CONCH SHELL MANOR PLANTATION FL 33324	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

SIGNATURE REQUIRED

1/31/00 954-423-6888

CR2E037 (9/99)