

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90176 035 \*\*\*\*61.25

**DOCUMENT # 702907**

1. Entity Name

**CHRIST THE KING EVANGELICAL LUTHERAN CHURCH OF T  
EQUESTA, INC.**



Principal Place of Business

**46 WILLOW ROAD  
TEQUESTA FL 33469-9647**

Mailing Address

**46 WILLOW ROAD  
TEQUESTA FL 33469-9647  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1362911**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GRANT, CHRISTINE B  
46 WILLOW ROAD  
TEQUESTA FL 33469**

7. Name and Address of New Registered Agent

Name

**John Bryan**

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

**4400 PEA Blvd, Ste 800  
Palm Beach Gardens**

City

**FL**

Zip Code

**33410**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/18/03**

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	COGAR, THERESA	
STREET ADDRESS	109 BEECHWOOD TRAIL	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATRI, THOMAS	
STREET ADDRESS	147 STONE BRIAR BLVD	
CITY-ST-ZIP	JUPITER, FL 33458	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BRYAN, JOHN	
STREET ADDRESS	18777 S.E. RIVER RIDGE ROAD	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KRABEC, JANET	
STREET ADDRESS	5754 RIVER CLUB CIRCLE	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	D	<input type="checkbox"/> Delete
NAME	KNAUFF, VICKI	
STREET ADDRESS	18404 QUAIL RUN DRIVE	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOHLENHOFF, BEN	
STREET ADDRESS	12415 SE PLANDOME DRIVE	
CITY-ST-ZIP	HOBE SOUND FL 33455	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patri, Thomas	
STREET ADDRESS	147 Stone Briar Blvd.	
CITY-ST-ZIP	Jupiter, FL 33458	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bryan, John	
STREET ADDRESS	18777 S.E. River Ridge Road	
CITY-ST-ZIP	Tequesta, FL 33469	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Knauff, Vicki	
STREET ADDRESS	18404 Quail Run Drive	
CITY-ST-ZIP	Jupiter, FL 33458	
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:

**David A. Rhodes President 3-3-03 561250467**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)