

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90043 048 ****61.25

0094316

DOCUMENT # 703398

1. Entity Name

ST. MATTHEW'S LUTHERAN CHURCH OF MARION COUNTY, INC.

Principal Place of Business

Mailing Address

**3453 N E SILVER SPRINGS BLVD
 OCALA FL 32670**

**3453 N E SILVER SPRINGS BLVD
 OCALA FL 32670**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1492627**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARTMAN, HARRY
 5243 NW 25TH PL
 OCALA FL 34482**

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 | <input type="checkbox"/> Delete |
| NAME | HARTMAN, HARRY | |
| STREET ADDRESS | 5243 NW 25TH PL | |
| CITY-ST-ZIP | OCALA FL 34482 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | RADCLIFFE, DEBRA | |
| STREET ADDRESS | 417 NE 18TH AVE | |
| CITY-ST-ZIP | OCALA FL 34470-6156 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | BALLIE JEFFERY JEFFERY BALLIE | |
| STREET ADDRESS | 12330 SE 100 AVE | |
| CITY-ST-ZIP | BELLEVIEW FL 34420-5505 | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete |
| NAME | MENDELA, CHRISTOPHER | |
| STREET ADDRESS | 4404 SE 47 PLACE | |
| CITY-ST-ZIP | OCALA FL 34480 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | GWENDA WARD | |
| STREET ADDRESS | 1619 SE. 54th St road | |
| CITY-ST-ZIP | ocala, FL 34471 | |
| 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 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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: _____

Harry J. Hartman
HARRY J. HARTMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/02

Date

352-629-5948

Daytime Phone #

CR2E037 (9/01)