


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

FILED
Jan 28, 2003 8:00 am
Secretary of State

01-28-2003 90083 044 ****61.25

DOCUMENT # 703398

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



Principal Place of Business
**3453 N E SILVER SPRINGS BLVD
OCALA FL 32670**

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

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

4. FEI Number **59-1492627**

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

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

SIGNATURE HARRY HARTMAN DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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	PD	<input type="checkbox"/> Delete
NAME	HARTMAN, HARRY	
STREET ADDRESS	5243 NW 25TH PL	
CITY-ST-ZIP	OCALA FL 34482	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	RADCLIFFE, DEBRA	
STREET ADDRESS	417 NE 18TH AVE	
CITY-ST-ZIP	OCALA FL 34470-6156	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	JEFFERY, BALLET	
STREET ADDRESS	12330 SE 100 AVE	
CITY-ST-ZIP	BELLEVUE FL 34420-5505	
TITLE	V	<input type="checkbox"/> Delete
NAME	GWENDA, WARD	
STREET ADDRESS	16195 E. 5TH STREET	
CITY-ST-ZIP	OCALA FL 34471	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Woodring, Robert	
STREET ADDRESS	1857 NE 40th Circle	
CITY-ST-ZIP	Ocala FL 34470	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Weiss, Dolores	
STREET ADDRESS	9100 SW 27th Ave, A-16	
CITY-ST-ZIP	Ocala FL 34476-7585	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ward, Gwenda	
STREET ADDRESS	1619 SE 5th St.	
CITY-ST-ZIP	Ocala FL 34471-2511	
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 HARTMAN HARRY HARTMAN 1-27-03 352-629-5948

CR2E037 (10/02)