2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State
01-22-2001 90127 039 ****61.25

0026712

DOCUMENT # 703519

1. Entity Name

PRINCE OF PEACE LUTHERAN CHURCH, ORANGE COUNTY,

Principal Place of Business	Mailing Address
COUNTY ORLANDO FLORIDA INC 1515 SOUTH SEMORAN BLVD. ORLANDO FL 32807	COUNTY ORLANDO FLORIDA INC 1515 SOUTH SEMORAN BLVD. ORLANDO FL 32807

A0008329

DO NOT WRITE IN THIS SPACE

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 59-6032797 ☐ 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
WIEBEL, JAMES R REV 1515 S SEMORAN BLVD ORLANDO FL 32807	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	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	TEWS, HANS		NAME		
STREET ADDRESS	1508 SPRING LAKE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32804		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LIESKE, ANN		NAME		
STREET ADDRESS	1826 SENECA BLVD		STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS FL 32708		CITY-ST-ZIP		
TITLE	VPS D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, SCOTT		NAME		
STREET ADDRESS	2709 KINGFISHER DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32806		CITY-ST-ZIP		
TITLE	VPD	☑ Delete	TITLE		☐ Change ☐ Addition
NAME	ARAYA, JACINTO		NAME		
STREET ADDRESS	3208 RED WEB CT		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32829		CITY-ST-ZIP		
TITLE	D	☑ Delete	TITLE		☐ Change ☐ Addition
NAME	OWENS, LINDEE		NAME		
STREET ADDRESS	4625 GATLIN OAKS LN		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32806		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FUSSELL, LOUANN		NAME		
STREET ADDRESS	2313 SUMMERLIN AVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32806		CITY-ST-ZIP		

CR2E037 (10/00)

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #