

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703690

1. Entity Name

TRINITY LUTHERAN CHURCH OF TITUSVILLE, FLORIDA,

Principal Place of Business

3671 SOUTH HOPKINS AVE
TITUSVILLE FL 32780

Mailing Address

3671 SOUTH HOPKINS AVE
TITUSVILLE FL 32780-5710

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

59-1162869

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

MEULMAN, RAYMOND
4065 TIWA LANE
TITUSVILLE FL 32796

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	TD	☒ Delete
NAME	STUPP, CARL	
STREET ADDRESS	1540 KINGS COURT	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	VD	☒ Delete
NAME	LEE, LOUISE	
STREET ADDRESS	1112 LANE AVE	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	SD	☐ Delete
NAME	BAUER, SALLY	
STREET ADDRESS	3079 FINSTERWALD DR	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	PD	☐ Delete
NAME	MEULMAN, RAYMOND	
STREET ADDRESS	4065 TIWA LANE	
CITY-ST-ZIP	TITUSVILLE FL 32796	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TO	☐ Change ☒ Addition
NAME	Thomas Stubli	
STREET ADDRESS	1525 Bahama St	
CITY-ST-ZIP	Titusville FL 32780	
TITLE	VD	☐ Change ☒ Addition
NAME	Ellen Wachowski	
STREET ADDRESS	3600 Todd Court	
CITY-ST-ZIP	Titusville FL 32790	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-2000

Date

407-267-6323

Daytime Phone #

CR2E037 (9/99)