## 2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 703690**

## Aug 31, 2001 8:00 am Secretary of State 1. Entity Name 08-31-2001 90111 019 \*\*\*\*61.25 TRINITY LUTHERAN CHURCH OF TITUSVILLE, FLORIDA. Principal Place of Business Mailing Address 3671 SOUTH HOPKINS AVE 3671 SOUTH HOPKINS AVE TITUSVILLE FL 32780 TITUSVILLE FL 32780 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1162869 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 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 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. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE (2/01) ☐ Change ☐ Addition BAUER, SALLY NAME NAME 3079 FINSTERWALD DR STREET ADDRESS STREET ADDRESS CR2E037 CITY-ST-ZIP TITUSVILLE FL 32780 CITY-ST-7IP TITI F Delete TITLE **Addition** ☐ Change MEULMAN, RAYMOND ARLENE MOSTERT 899 BARCLAY DR NAME NAME 4065 TIWA LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITUSVILLE FL 32796 CITY-ST-ZIP CUCOA, FL 32927 TITLE TO ☐ Delete TITI F ☐ Change ☐ Addition STUBLI, THOMAS NAME NAME STREET ADDRESS 1525 BAHAMA ST STREET ADDRESS CITY-ST-ZIP TITUSVILLE FL 32780 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition WACHOWSKI, ELLEN NAME STREET ADDRESS 3600 TODD CT STREET ADDRESS CITY-ST-7IP TITUSVILLE FL 32790 CITY-ST-ZIP TITLE TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

**FILED** 

321-269-1713