

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

FILED
Jul 25, 2003 8:00 am
Secretary of State

07-25-2003 90091 041 ****61.25

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DOCUMENT # 704698

1. Entity Name

ST. MATTHEW EVANGELICAL LUTHERAN CHURCH, INCORPORATED



Principal Place of Business

5601 HANLEY ROAD
TAMPA FL 33634

Mailing Address

5601 HANLEY ROAD
TAMPA FL 33634

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 **59-1263978**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ELSNER, ROBERT C
10712 OUT-ISLAND DR
TAMPA FL 33615

7. Name and Address of New Registered Agent

Name
Hudspeth, Allan

Street Address (P.O. Box Number is Not Acceptable)
9201 Brindlewood Dr

Odessa

33556

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

Rev. Allan E. Hudspeth

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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 **TD** ☒ Delete
NAME **LEMKE, MARK**
STREET ADDRESS **7211 RIVERWOOD BLVD.**
CITY-ST-ZIP **TAMPA FL**

TITLE **TT** ☐ Delete
NAME **DENGER, DAVID**
STREET ADDRESS **7523 CLEARVIEW DRIVE**
CITY-ST-ZIP **TAMPA FL**

TITLE **ST** ☒ Delete
NAME **ALBRECHT-SMITH, SHAWN**
STREET ADDRESS **6534 LAMESA CIRCLE**
CITY-ST-ZIP **TAMPA FL**

TITLE **VT** ☒ Delete
NAME **LEE, GEORGE**
STREET ADDRESS **113 COMANCHE AVENUE**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition
NAME **Ekardt, David**
STREET ADDRESS **8824 Auburn Way**
CITY-ST-ZIP **Tampa, FL 33615**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Change ☐ Addition
NAME **Hackbarth, Shannon**
STREET ADDRESS **7900 Landmark Pl**
CITY-ST-ZIP **Tampa, FL 33615**

TITLE **VP** ☒ Change ☐ Addition
NAME **Most, William,**
STREET ADDRESS **7103 Halifax Ct**
CITY-ST-ZIP **Tampa, FL 33615**

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:

David W. Denger

22 Jul 03 (83) 241-0560

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)