

**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

0012744

**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



CHECK HERE IF MAKING CHANGES

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 date 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LEMKE, MARK	
STREET ADDRESS	7211 RIVERWOOD BLVD.	
CITY-ST-ZIP	TAMPA FL	
TITLE	TT	<input type="checkbox"/> Delete
NAME	DENGER, DAVID	
STREET ADDRESS	7523 CLEARVIEW DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	ALBRECHT-SMITH, SHAWN	
STREET ADDRESS	6534 LAMESA CIRCLE	
CITY-ST-ZIP	TAMPA FL	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	LEE, GEORGE	
STREET ADDRESS	113 COMANCHE AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ekardt, David	
STREET ADDRESS	8824 Auburn Way	
CITY-ST-ZIP	Tampa, FL 33615	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hackbarth, Shannon	
STREET ADDRESS	7900 Landmark Pl	
CITY-ST-ZIP	Tampa, FL 33615	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Most, Willian,	
STREET ADDRESS	7103 Halifax Ct	
CITY-ST-ZIP	Tampa, FL 33615	
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:

*DAVID DENGER*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22 Jul 03 (83) 281-0560

Date

Daytime Phone # 281-0560

CR2E037 (4/03)