

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 705134

1. Entity Name

REDEEMER EVANGELICAL LUTHERAN CHURCH OF ST. PETE

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90025 002 \*\*\*\*61.25

Principal Place of Business

Mailing Address

4355 CENTRAL AVENUE  
ST. PETERSBURG FL 33713

4355 CENTRAL AVENUE  
ST. PETERSBURG FL 33713-8231

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6018390

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

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

NICKERSON, ALAN  
4320 1ST AVENUE NORTH  
ST. PETERSBURG FL 33713

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  
NAME BERTOLUZZI, NORMAN  
STREET ADDRESS 5320 DARTMOUTH AVE. N.  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE PD ☒ Change ☐ Addition  
NAME Stark, Debbie  
STREET ADDRESS 6657 11th Avenue North  
CITY-ST-ZIP St. Petersburg, Florida 33710

TITLE VD ☒ Delete  
NAME MARTINDILL, ROGER  
STREET ADDRESS 3834 3RD AVE N  
CITY-ST-ZIP ST PETERSBURG FL 33713

TITLE VP ☒ Change ☐ Addition  
NAME Hall, Darlene  
STREET ADDRESS 2100 21st Avenue North  
CITY-ST-ZIP St. Petersburg, Florida 33713

TITLE SD ☐ Delete  
NAME ALBERT, TOTH  
STREET ADDRESS 8500 BELEHER RD. APT. 627  
CITY-ST-ZIP PINELLAS PARK FL 33781

TITLE SD ☒ Change ☐ Addition  
NAME 8500 Belcher Road #627  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME NICKERSON, ALAN  
STREET ADDRESS 4320 1ST AVE N  
CITY-ST-ZIP ST PETERSBURG FL 33713

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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:

Alan Nickerson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/00

(727)327-7027

Date

Daytime Phone #

CR2E037 (9/99)