

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

FILED
Jul 24, 2003 8:00 am
Secretary of State

07-24-2003 90118 014 ****61.25

0013127

DOCUMENT # 705134

1. Entity Name

**REDEEMER EVANGELICAL LUTHERAN CHURCH OF ST. PETE
RSBURG, FLORIDA, INC.**



Principal Place of Business

**4355 CENTRAL AVENUE
ST. PETERSBURG FL 33713**

Mailing Address

**4355 CENTRAL AVENUE
ST. PETERSBURG FL 33713**

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 **59-6018390**

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

**HALL, DARLENE
2100 21ST AVE N.
ST. PETERSBURG FL 33713**

7. Name and Address of New Registered Agent

Name **BENGTSSON, SELMA**
Street Address (P.O. Box Number is Not Acceptable)
9670 60th AVE N.
City **PINELLAS PARK** FL Zip Code **33782**

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 **SELMA BENGTSSON**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/21/03

**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** ☒ Delete
NAME **HALL, DARLENE**
STREET ADDRESS **2100-21ST AVE N**
CITY-ST-ZIP **SAINT PETERSBURG FL 33713**

TITLE **TD** ☒ Change ☐ Addition
NAME **BENGTSSON, SELMA**
STREET ADDRESS **9670 60th ST N.**
CITY-ST-ZIP **PINELLAS PARK, FL 33782**

TITLE **SD** ☐ Delete
NAME **SLAMON, LINDA**
STREET ADDRESS **3941 MOODY STREET**
CITY-ST-ZIP **SAINT PETERSBURG FL 33706**

TITLE **SD** ☒ Change ☐ Addition
NAME **SALMON, LINDA**
STREET ADDRESS **3941 MOODY ST**
CITY-ST-ZIP **ST PETERSBURG, FL 33706**

TITLE **PD** ☐ Delete
NAME **TOTH, ALBERT**
STREET ADDRESS **11482 48TH AVE N.**
CITY-ST-ZIP **SAINT PETERSBURG FL 33708**

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

TITLE **VD** ☐ Delete
NAME **PERKINS, RHONDA**
STREET ADDRESS **5832 44TH AVENUE NORTH**
CITY-ST-ZIP **SAINT PETERSBURG FL 33709**

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: **SELMA BENGTSSON**
SIGNATURE REQUIRED

7/21/03 (727) 544-4503

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)