

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 705168

1. Entity Name

THE EVANGELICAL LUTHERAN CHURCH OF OUR SAVIOR, O

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90147 020 ****61.25

Principal Place of Business

Mailing Address

301-58TH ST S
 ST PETE FL 33707
 US

/ AUGSBURG CONFESSION OF ST PETERSBURG
 301 58TH STREET SOUTH
 ST PETERSBURG FLA 33707-1713



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1156402

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

HEINTZEN, ERICH H.
 2080 DOLPHIN BLVD.
 ST. PETERSBURG FL 33707

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

Erich H. Heintzen

(NOTE: Registered Agent signature required when reinstating)

Jan. 7, 2000

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	TD	<input type="checkbox"/> Delete
NAME	BEASLEY, DONA	
STREET ADDRESS	10205 3RD ST E	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KOESTER, WERNER	
STREET ADDRESS	5701 LEELEND STREET SOUTH	
CITY-ST-ZIP	ST. PETE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BELL, CHRIS	
STREET ADDRESS	1111 JUNGLE AVE N	
CITY-ST-ZIP	ST PETE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SCHULTZ, MATHILDA	
STREET ADDRESS	1143 RUSSELL DR N	
CITY-ST-ZIP	ST. PETE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 life empowered.

SIGNATURE:

Mathilda A. Schultz Secretary, 1/11/2000 927-344-2684

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 19/99