

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 04, 2001 8:00 am**  
**Secretary of State**

06-04-2001 90012 047 \*\*\*\*61.25

**DOCUMENT # 706096**

1. Entity Name

**ST. PAUL LUTHERAN CHURCH OF TAMPA FLORIDA, INC.**

Principal Place of Business

**5103 N CENTRAL AVE  
TAMPA FL 33603-2215  
US**

Mailing Address

**5103 N CENTRAL AVE  
TAMPA FL 33603-2215  
US**

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

**59-0914077**

Applied For

Not Applicable

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

**KRUGER, DAVID P  
5107 N CENTRAL AVE.  
TAMPA FL 33603**

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.

(NOT: 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 **SD** ☐ Delete  
NAME **LOGAN, CHRISTINA**  
STREET ADDRESS **210 W GENESEE ST**  
CITY-ST-ZIP **TAMPA FL 33603**

TITLE **D** ☒ Change ☐ Addition  
NAME **Fritz, Christina**  
STREET ADDRESS **210 W Genesee St**  
CITY-ST-ZIP **Tampa FL 33603-3631**

TITLE **PD** ☒ Delete  
NAME **BALSIZER, LEWIS T**  
STREET ADDRESS **3414 W MORRISON AVE**  
CITY-ST-ZIP **TAMPA FL 33629**

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

TITLE **T** ☒ Delete  
NAME **FARST, EDITH**  
STREET ADDRESS **5508 NORTH SUWANEE AVENUE**  
CITY-ST-ZIP **TAMPA FL 33604**

TITLE **T** ☐ Change ☒ Addition  
NAME **Renaud, Kristina K.**  
STREET ADDRESS **500 E North St**  
CITY-ST-ZIP **Tampa FL 33604-6165**

TITLE **VD** ☐ Delete  
NAME **FALTER, EDNA**  
STREET ADDRESS **12708 NOTH 52 STREET**  
CITY-ST-ZIP **TAMPA FL 33617**

TITLE **D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **12708 N 52 ST**  
CITY-ST-ZIP **TEMPLE TERRACE FL 33617-1230**

TITLE **D** ☐ Delete  
NAME **HODEL, JANICE M**  
STREET ADDRESS **12206 SPOTTSWOOD DR**  
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE **SD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **33569-6825**

TITLE **D** ☒ Delete  
NAME **HANSEN, KENNETH C**  
STREET ADDRESS **PO BOX 11771**  
CITY-ST-ZIP **TAMPA FL 33680**

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:

**KRISTINA K. RENAUD** 5-29-01 813-239-3113

CR2E037 (10/00)

# 2001 Uniform Business Report (UBR)

BOLSESTY  
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Title Name ST Address City,ST,Zip	<input type="checkbox"/> Delete	Title Name ST Address City,ST,Zip	<b>PD</b> WILLIAMS, ROBERT E. 16410 NORWOOD DR TAMPA FL 33624-1163	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name ST Address City,ST,Zip	<input type="checkbox"/> Delete	Title Name ST Address City,ST,Zip	<b>D</b> KRUGER, DAVID P. 5107 N CENTRAL AVE TAMPA FL 33603-2215	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name ST Address City,ST,Zip	<input type="checkbox"/> Delete	Title Name ST Address City,ST,Zip	<b>D</b> TULU, ABABO 806 W WEST ST TAMPA FL 33602-1138	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name ST Address City,ST,Zip	<input type="checkbox"/> Delete	Title Name ST Address City,ST,Zip	<b>D</b> TOLZMAN, WAYNE M., JR. 312 W CHELSEA ST TAMPA FL 33603-3516	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Title Name ST Address City,ST,Zip	<input type="checkbox"/> Delete	Title Name ST Address City,ST,Zip	<b>D</b> BLACK, WALTER R., JR. 5112 E. 127 <sup>TH</sup> AVE TEMPLE TERRACE FL 33617-1410	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name ST Address City,ST,Zip	<input type="checkbox"/> Delete	Title Name ST Address City,ST,Zip	<b>VD</b> MOBERG, ALLAN C. 11121 N 21 <sup>ST</sup> ST TAMPA FL 33612-6107	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name ST Address City,ST,Zip	<input type="checkbox"/> Delete	Title Name ST Address City,ST,Zip	<b>D</b> PHILLIPS, NANCY B. 14709 CROYDON PL TAMPA FL 33618-2160	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name ST Address City,ST,Zip	<input type="checkbox"/> Delete	Title Name ST Address City,ST,Zip	<b>D</b> COX, LINDA A. 4606 N HABANA AVE TAMPA FL 33614-6064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Title Name ST Address City,ST,Zip	<input type="checkbox"/> Delete	Title Name ST Address City,ST,Zip	<b>D</b> CLARK, EDWINA F. 11745 GAIL DR TEMPLE TERRACE FL 33617-1807	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Title Name ST Address City,ST,Zip	<input type="checkbox"/> Delete	Title Name ST Address City,ST,Zip	<b>D</b> WILLIAMS, JULIE 1111 N RIVERHILLS DR TEMPLE TERRACE FL 33617-4215	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition