

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706144

1. Entity Name

NATIVITY LUTHERAN CHURCH OF PALM BEACH GARDENS,

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90114 016 ****61.25

Principal Place of Business
OF PALM BEACH GARDENS FLORIDA
4075 HOLLY DRIVE
PALM BEACH GARDENS FL 33410

Mailing Address
OF PALM BEACH GARDENS FLORIDA
4075 HOLLY DRIVE
PALM BEACH GARDENS FL 33410-5501



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-1109086**
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

HELGESEN, ANDREW
11380 PROSPERITY FARMS ROAD, SUITE 201
N. PALM BEACH FL 33408

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	SD	☐ Delete
NAME	HOECKER, ERIC	
STREET ADDRESS	518 DRIFTWOOD RD	
CITY-ST-ZIP	NO PALM BEACH FL 33408	
TITLE	D	☒ Delete
NAME	BYERLY, TIM	
STREET ADDRESS	133 ARROWHEAD CIR	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	D	☒ Delete
NAME	SMITH, SARA	
STREET ADDRESS	12 HUNTLY CIR	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	PD	☐ Delete
NAME	SCHALL, HERBERT	
STREET ADDRESS	11643 S. RAMBLING DR	
CITY-ST-ZIP	W. PALM BEACH FL 33414	
TITLE	VD	☐ Delete
NAME	HITCHCOCK, STEVEN F	
STREET ADDRESS	218 GOLFVIEW DR	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	D	☐ Delete
NAME	HOWENSTINE, TONI	
STREET ADDRESS	1601 F SABAL RIDGE CIR	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	

TITLE	D	☐ Change ☒ Addition
NAME	Stephanie Fuhrmannek	
STREET ADDRESS	8707 White Egret Way	
CITY-ST-ZIP	Lake Worth FL 33467	
TITLE	D	☐ Change ☒ Addition
NAME	Carl Erickson	
STREET ADDRESS	4151 Magnolia St	
CITY-ST-ZIP	Palm Beach Gardens FL 33418	
TITLE	D	☐ Change ☒ Addition
NAME	Lois Erickson	
STREET ADDRESS	4151 Magnolia St	
CITY-ST-ZIP	Palm Beach Gardens FL 33410	
TITLE	D	☐ Change ☒ Addition
NAME	Nancy Steffen	
STREET ADDRESS	4076 Lakespur Cir S	
CITY-ST-ZIP	Palm Beach Gardens FL 33410	
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:

Margaret A. [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/25/00 561-848-9633

CR2E037 (9/99)