

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 707590**

1. Entity Name

ADVENT LUTHERAN CHURCH INC

Principal Place of Business

**2156 LOCH RANE BLVD
ORANGE PARK FL 32073**

Mailing Address

**2156 LOCH RANE BLVD
ORANGE PARK FL 32073**

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

59-6498117

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

**WINTER, DAVID E.
2156 LOCH RANE BLVD
ORANGE PARK FL 32073**

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	MANDADAORI, JANE	
STREET ADDRESS	2757 PEBBLERIDGE COURT	
CITY-ST-ZIP	ORANGE PARK FL 32065	

TITLE	PD	☐ Change ☒ Addition
NAME	DON WOOD	
STREET ADDRESS	3009 Country Club Blvd.	
CITY-ST-ZIP	ORANGE PARK, FL 32073	

TITLE	SD	☐ Delete
NAME	MCNEIL, ELIZABETH	
STREET ADDRESS	12879 BIGGIN CHURCH RD S	
CITY-ST-ZIP	JACKSONVILLE FL 32224	

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

TITLE	TD	☐ Delete
NAME	THOLEN, RUSS	
STREET ADDRESS	1954 CHOCTAW LANE	
CITY-ST-ZIP	MIDDLEBURG FL 32068	

TITLE	TD	☒ Change ☐ Addition
NAME	THOLEN, RUSS	
STREET ADDRESS	1851 Glades Rd.	
CITY-ST-ZIP	Middleburg, FL 32068	

TITLE	D	☐ Delete
NAME	WINTER, DAVID	
STREET ADDRESS	2156 LOCH RANE BLVD	
CITY-ST-ZIP	ORANGE PARK FL	

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

TITLE	V	☒ Delete
NAME	HOOVER, CHUCK	
STREET ADDRESS	1316 BLACK GUM CT	
CITY-ST-ZIP	ORANGE PARK FL 32073	

TITLE	V	☐ Change ☒ Addition
NAME	HOLLINGER, RON	
STREET ADDRESS	557 FEATHER OAKS CT.	
CITY-ST-ZIP	ORANGE PARK, FL 32073-5702	

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:

David E. Winter

David E. Winter

1/17/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90029 027 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)