

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90046 019 \*\*\*\*61.25

**DOCUMENT # 707590**

1. Entity Name

**ADVENT LUTHERAN CHURCH INC**

Principal Place of Business

Mailing Address

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

**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



DO NOT WRITE IN THIS SPACE

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 \_\_\_\_\_ (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	<input checked="" type="checkbox"/> Delete
NAME	MANDADAORI, JANE	
STREET ADDRESS	2757 PEBBLERIDGE COURT	
CITY-ST-ZIP	ORANGE PARK FL 32065	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MCNEIL, ELIZABETH	
STREET ADDRESS	12879 BIGGIN CHURCH RD S	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	THOLEN, RUSS	
STREET ADDRESS	1954 CHOCTAW LANE	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	D	<input type="checkbox"/> Delete
NAME	WINTER, DAVID	
STREET ADDRESS	2156 LOCH RANE BLVD	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HOOVER, CHUCK	
STREET ADDRESS	1316 BLACK GUM CT	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Don Wood	
STREET ADDRESS	3079 Country Club Blvd.	
CITY-ST-ZIP	Orange Park, FL 32073	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Bolla	
STREET ADDRESS	925 Long Ridge Court	
CITY-ST-ZIP	Orange Park, FL 32065	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul Lunetta	
STREET ADDRESS	716 Cherry Grove Rd.	
CITY-ST-ZIP	Orange Park, FL 32073	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 like empowered.

SIGNATURE: [Signature] DATE: 4-11-07 DAYTIME PHONE #: 904 298 1271

CP2E037 (9/01)