

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90497 029 ****61.25

DOCUMENT # 709097

1. Entity Name
**CHRIST LUTHERAN CHURCH INC. OF ENGLEWOOD, FLORID
A**



Principal Place of Business: **701 N INDIANA AVENUE
ENGLEWOOD FL 34223**

Mailing Address: **701 N INDIANA AVENUE
ENGLEWOOD FL 34223**

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 **59-2416539**
Applied For: Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**STURROCK, JOHN A
1501 BEACH RD
209
ENGLEWOOD FL 34223**

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____
-Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE



CHECK HERE IF MAKING CHANGES

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STURROCK, JOHN A	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1501 BEACH ROAD, 209		STREET ADDRESS	
CITY-ST-ZIP ENGLEWOOD FL		CITY-ST-ZIP	
TITLE NAME VD DEUTSCHER, GORDON	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 413 WEXFORD BLVD		STREET ADDRESS	
CITY-ST-ZIP VENICE FL 34293		CITY-ST-ZIP	
TITLE NAME PD KIBLER, EDWIN	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 176 TYLER AVE		STREET ADDRESS	
CITY-ST-ZIP ENGLEWOOD FL 34223		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 I am empowered.

SIGNATURE: *John A. Sturrock* **TREASURER**
ED JOHN A. STURROCK 2/27/03 475-2175

CR2E037 (10/02)