2000 UNIFORM BUSINESS REPORT (UBR)

Rodney AN Huffman

SIGNATURE:

Apr 20, 2000 8:00 am Secretary of State **DOCUMENT # 709588** 1. Entity Name LUTHERAN CHURCH OF THE CROSS, INC. OF ST. PETERS 04-20-2000 90027 046 ****61.25 Principal Place of Business Mailing Address 4545 CHANCELLOR STREET 4545 CHANCELLOR STREET ST PETERSBURG FLA 33703-4310 AUU41855 ST PETERSBURG FL 33703 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-1116429 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name <u>Rodney A. Huffman</u> Street Address (89. Box Humber is Not Acceptable) WILLIS, DONNA M 248-44TH AVE NE St. Petersburg FL 33703 ST. PETERSBURG FL 33703 Zip Code City FL hg its registered of ce or registered agent, or both, in the state of Florida. 8. The above named entity submits this statement for the purpose of chang 2000 Rodney A. Huffman April 10. 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS VPD ☐ Change Addition Delete TITLE TITLE NAME WILLIS, DONNA M NAME Karen Richardson STREET ADDRESS STREET ADDRESS 246 44TH AVE NE 1971 - 64th Avenue North CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33703 <u>Petershura Fl</u> Change ☐ Addition **VPD** Delete TITLE HUFFMAN, ROD A NAME STREET ADDRESS STREET ADDRESS 5460 57TH AVE N CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33709 Addition Change Delete TITLE TITLE TD NAME SCHLEICHER, DONALD NAME Matt Kildroe STREET ADDRESS STREFT ADDRESS 2035 MICHIGAN AVE NE 5009 Queen Palm Terrace NE CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33703 St.Petersburg FL 33703 ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 stall 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.

FILED

April 10, 2000

727-525-8364