

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-03-2001 90084 022 ****61.25

DOCUMENT # 709588

1. Entity Name

LUTHERAN CHURCH OF THE CROSS, INC. OF ST. PETERS

Principal Place of Business

**4545 CHANCELLOR STREET
 ST PETERSBURG FL 33703**

Mailing Address

**4545 CHANCELLOR STREET
 ST PETERSBURG FL 33703**

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

59-1116429

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HUFFMAN, RODNEY A
 1388 51ST AVE.
 ST. PETERSBURG FL 33703**

7. Name and Address of New Registered Agent

Name

Timothy A. Carlson

Street Address (P.O. Box Number is Not Acceptable)

588 Tallahassee Ave. N.E.

City

St. Petersburg

FL

Zip Code
33703

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

Karen B. Richardson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/22/01
 3/24/01**

**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

TITLE	VPD	<input type="checkbox"/> Delete
NAME	RICHARDSON, KAREN	
STREET ADDRESS	1971 64TH AVE. N.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33702	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HUFFMAN, ROD A	
STREET ADDRESS	5460 57TH AVE N	
CITY-ST-ZIP	ST. PETERSBURG FL 33709	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KILGROE, MATT	
STREET ADDRESS	5009 QUEEN PALM TERRACE NE	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Karen B. Richardson	
STREET ADDRESS	1971 64th Ave. N.	
CITY-ST-ZIP	St. Petersburg FL 33702	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Timothy A. Carlson	
STREET ADDRESS	588 Tallahassee Dr. N.E.	
CITY-ST-ZIP	St. Petersburg FL 33702	
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		
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)(l), 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:

Karen B. Richardson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/01 727-525-8364
 Date Daytime Phone #

CR2E037 (10/00)