

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 27, 2002 8:00 am**
Secretary of State

03-27-2002 90006 013 ****61.25

DOCUMENT # 709588

1. Entity Name

**LUTHERAN CHURCH OF THE CROSS, INC. OF ST. PETERS
BURG, FLORIDA**

Principal Place of Business

Mailing Address

**4545 CHANCELLOR STREET
ST PETERSBURG FL 33703****4545 CHANCELLOR STREET
ST PETERSBURG FL 33703**

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

59-1116429

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****CARLSON, TIMOTHY A
588 TALLAHASSEE AVE NE
ST. PETERSBURG FL 33703**

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 \$61.259. 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	RICHARDSON, KAREN	
STREET ADDRESS	1971 64TH AVE. N.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33702	

TITLE	Vice President- Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas J. Mainelli	
STREET ADDRESS	1911 Iowa Ave. N.E.	
CITY-ST-ZIP	St. Petersburg FL 33703	

TITLE	VPD	<input type="checkbox"/> Delete
NAME	CARLSON, TIMOTHY A	
STREET ADDRESS	588 TALLAHASSEE DR, NE	
CITY-ST-ZIP	SAINT PETERSBURG FL 33702	

TITLE	President- Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	KILGROE, MATT	
STREET ADDRESS	5009 QUEEN PALM TERRACE NE	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	

TITLE	Treasurer-Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jan Herzberg	
STREET ADDRESS	2008 Hawaii Ave. N.E.	
CITY-ST-ZIP	St. Petersburg FL 33703	

TITLE		<input type="checkbox"/> Delete
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"/> Delete
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"/> Delete
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:*Timothy A. Carlson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/02

Date

(727) 578-8227

Daytime Phone #

CR2E037 (9/01)