

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90145 011 ****61.25

DOCUMENT # 710936

1. Entity Name

ST. JOHN LUTHERAN CHURCH, INC.

Principal Place of Business

Mailing Address

10495 SUNSET HARBOR RD.
 SUMMERFIELD FL 34491
 US

10495 SUNSET HARBOR RD
 SUMMERFIELD FL 34491-7620
 US

602840



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2037536

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PIERCE, PAULA
14301 SE 94TH AVE
SUMMERFIELD FL 34491

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 \$61.25

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	P	<input type="checkbox"/> Delete
NAME	HORAK, BOB	
STREET ADDRESS	5640 SPINAHER	
CITY-ST-ZIP	LADY LAKE FL 32159	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PIERCE, PAULA	
STREET ADDRESS	14301 SE 94TH ST	
CITY-ST-ZIP	SUMMERFIELD FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	JIM STAYTON	
STREET ADDRESS	9591 162ND PL RD	
CITY-ST-ZIP	SUMMERFIELD FL 34491	
TITLE	V	<input type="checkbox"/> Delete
NAME	FRED BLAKE	
STREET ADDRESS	1618 E SWARTZ BLVD	
CITY-ST-ZIP	LADY LK FL 32159	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERT STODOLA	
STREET ADDRESS	310 DELMAR DR	
CITY-ST-ZIP	LADY LK FL 32159	
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"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/99)

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES M STAYTON 1/11/00 352.288.2041

Date

Daytime Phone #