

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90032 050 ****61.25

DOCUMENT # 711339

1. Entity Name

GUARDIAN LUTHERAN CHURCH OF MANDARIN, FLORIDA, I

Principal Place of Business

Mailing Address

10113 HALEY ROAD
 JACKSONVILLE FL 32257

10113 HALEY ROAD
 JACKSONVILLE FL 32257-5823

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 **59-1153478**

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

KEATING, JOSEPH
5453 DOWINGTON DR
JACKSONVILLE FL 32257

Name **Ford, Larry**
 Street Address (P.O. Box Number is Not Acceptable)
8031 Sable Creek
 City **Jacksonville** FL Zip Code **32244**

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 *Larry Ford*

3-1-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES 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	T	<input type="checkbox"/> Delete
NAME	CARTY, PATRICIA P	
STREET ADDRESS	8871 HEAVENSIDE CT	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	D	<input type="checkbox"/> Delete
NAME	KORMAN, ROBERT	
STREET ADDRESS	538 BLUE GRASS CT.	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	V	<input type="checkbox"/> Delete
NAME	HIKE, DAVID	
STREET ADDRESS	12078 CRANEFOOT DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORD, LIZ	
STREET ADDRESS	8031 SABLE CREEK	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	KEATING, JOSEPH	
STREET ADDRESS	5453 DOWINGTON DR	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MORGAN, BECKY	
STREET ADDRESS	4640 BRANDY OAK CT	
CITY-ST-ZIP	JACKSONVILLE F 32257	

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		
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Larry Ford	
STREET ADDRESS	8031 Sable Creek	
CITY-ST-ZIP	Jacksonville, FL 32244	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wendy Frey	
STREET ADDRESS	5632 Jeremy Lane	
CITY-ST-ZIP	Jacksonville, FL 32257	

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: *Patricia P. Carty*
REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-00 (904) 636-9895

Date

Daytime Phone #

CR2E037 (9/99)