

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 10, 2001 8:00 am
Secretary of State

02-27-2001 90297 017 ****61.25

DOCUMENT # 711339

1. Entity Name

GUARDIAN LUTHERAN CHURCH OF MANDARIN, FLORIDA, I

Principal Place of Business

**10113 HALEY ROAD
 JACKSONVILLE FL 32257**

Mailing Address

**10113 HALEY ROAD
 JACKSONVILLE FL 32257**

77338

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

**FORD, LARRY
 8031 SABLE CREEK
 JACKSONVILLE FL 32244**

7. Name and Address of New Registered Agent

Name

MEYER, KEN

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

8458 ALLWINE COURT

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.

KEN MEYER, PRESIDENT

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/5/01

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

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 NAME	T CARTY, PATRICIA P	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	8871 HEAVENSIDE CT	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE NAME	D KORMAN, ROBERT	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	538 BLUE GRASS CT.	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE NAME	V HIKE, DAVID	<input type="checkbox"/> Delete
STREET ADDRESS	12078 CRANEFoot DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE NAME	D FORD, LIZ	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	8031 SABLE CREEK	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE NAME	P FORD, LARRY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	8031 SABLE CREEK	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE NAME	S FREY, WENDY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5632 JEREMY LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32257	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	P/D MEYER, KEN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	8458 ALLWINE COURT	
CITY-ST-ZIP	JACKSONVILLE, FL 32244	
TITLE NAME	T/D NORMA P. SMITH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	7925 OLD KINGS RD., SO.	
CITY-ST-ZIP	JACKSONVILLE, FL 32217	
TITLE NAME	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	S/D SPRADLIN, MICHELLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	4333 ROCKY GARDEN LN, N.	
CITY-ST-ZIP	JACKSONVILLE, FL 32257	
TITLE NAME	D KEATING, JEANINE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5453 DOWNINGTON DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32257	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **NORMA P. SMITH**

Norma P. Smith

8/5/01

904-731-3012

CR2E037 (5/01)