

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90051 013 \*\*\*\*61.25

**DOCUMENT # 711339****1. Entity Name****GUARDIAN LUTHERAN CHURCH OF MANDARIN, FLORIDA, I  
NC.****Principal Place of Business****10113 HALEY ROAD  
JACKSONVILLE FL 32257****Mailing Address****10113 HALEY ROAD  
JACKSONVILLE FL 32257****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number****59-1153478**

Applied For

Not Applicable

**5. Certificate of Status Desired**☐**\$8.75 Additional  
Fee Required****6. Name and Address of Current Registered Agent****MEYER, KEN  
8458 ALLWINE COURT  
JACKSONVILLE FL 32244****7. Name and Address of New Registered Agent**

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**

TITLE	PD	<input type="checkbox"/> Delete
NAME	MEYER, KEN	
STREET ADDRESS	8458 ALLWINE COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SMITH, NORMA P	
STREET ADDRESS	7925 OLD KINGS RD SO	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HIKE, DAVID	
STREET ADDRESS	12078 CRANEFOOT DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SPRADLIN, MICHELLE	
STREET ADDRESS	4333 ROCKY GARDEN LN N	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEATING, JEANINE	
STREET ADDRESS	5453 DOWNINGTON DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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
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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)(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**

Norma P. Smith

2/11/02

904 731 3012

CR2E037 (9/01)