

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90052 034 ****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 & 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**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MEYER, KEN
8458 ALLWINE COURT
JACKSONVILLE FL 32244**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PO** ☐ Delete
NAME **MEYER, KEN**
STREET ADDRESS **8458 ALLWINE COURT**
CITY-ST-ZIP **JACKSONVILLE FL 32244**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **SMITH, NORMA P**
STREET ADDRESS **7925 OLD KINGS RD SO**
CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☒ Delete
NAME **HIKE, DAVID**
STREET ADDRESS **12078 CRANEFOOT DR.**
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE ☒ Change ☐ Addition
NAME **VONDRASEK, GARY**
STREET ADDRESS **12142 BLACKFOOT COURT**
CITY-ST-ZIP **JACKSONVILLE, FL 32223**

TITLE **SD** ☒ Delete
NAME **SPRADLIN, MICHELLE**
STREET ADDRESS **4333 ROCKY GARDEN LN N**
CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE ☒ Change ☐ Addition
NAME **LEMING, DEBBIE**
STREET ADDRESS **2947 OAKISLE ROAD, N.**
CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE **D** ☐ Delete
NAME **KEATING, JEANINE**
STREET ADDRESS **5453 DOWNINGTON DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Norma P. Smith

NORMA P. SMITH
4/28/03

904-731-3012

CR2E037 (10/02)