

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 05, 2001 8:00 am**  
**Secretary of State**

0045291

**DOCUMENT # 713522**

1. Entity Name

**GRACE EVANGELICAL LUTHERAN CHURCH, THE LUTHERAN**

04-05-2001 90071 029 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1801 NE 13TH ST  
 FORT LAUDERDALE FL 33304

1801 NE 13TH ST  
 FORT LAUDERDALE FL 33304

U 4 1 3 6 6



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

**59-0803202**

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

Name

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

City

**FL**

Zip Code

*George*  
~~EARHART, GEROGE~~  
 1801 NE 13TH ST  
 FORT LAUDERDALE FL 33304

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  Delete  
 NAME **P**  
 STREET ADDRESS **COCHRAN, BLAIR**  
 CITY-ST-ZIP **1220 NE 3 ST #205**  
**FT LAUDERDALE FL 33301**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
 STREET ADDRESS **SPEAR, VIRGINIA**  
 CITY-ST-ZIP **2318 CYPRESS BEND DR SOUTH**  
**POMPANO BEACH, FL 33069**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **S**  
 STREET ADDRESS **BELLHORN, CAROL**  
 CITY-ST-ZIP **1521 NW 1 AVE**  
**FT LAUDERDALE FL 33311**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **T**  
 STREET ADDRESS **JACOBI, ROBERT A**  
 CITY-ST-ZIP **2824 NE 26 ST**  
**FT LAUDERDALE FL 33305**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
 STREET ADDRESS **MURPHY, MICHAEL**  
 CITY-ST-ZIP **741 NW 34 ST**  
**OAKLAND PARK FL 33309**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
 STREET ADDRESS **RUSSELL, WILLIAM**  
 CITY-ST-ZIP **200 NE 22ND STREET**  
**FT LAUDERDALE FL**

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: \_\_\_\_\_

*ROBERT A JACOBI*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-2-01 763-6286*  
 Date Daytime Phone #

CR2E037-(10/00)