

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

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90115 023 ****61.25

DOCUMENT # 713522

1. Entity Name

**GRACE EVANGELICAL LUTHERAN CHURCH, THE LUTHERAN
CHURCH - MISSOURI SYNOD OF FORT LAUDERDALE, FLOR**



Principal Place of Business

**1801 NE 13TH ST
FORT LAUDERDALE FL 33304**

Mailing Address

**1801 NE 13TH ST
FORT LAUDERDALE FL 33304**

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 **59-0803202**

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

**EARHART, GEORGE
1801 NE 13TH ST
FORT LAUDERDALE FL 33304**

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. 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

TITLE	P	<input type="checkbox"/> Delete
NAME	HUGO, JEFF	
STREET ADDRESS	3098 S OAKLAND FOREST DR #1503	
CITY-ST-ZIP	OAKLAND PARK FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPEAR, VIRGINIA	
STREET ADDRESS	2318 CYPRESS BEND DR SOUTH	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BELLHORN, CAROL	
STREET ADDRESS	1521 NW 1 AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE	T	<input type="checkbox"/> Delete
NAME	JACOBI, ROBERT A	
STREET ADDRESS	2824 NE 26 ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33305	
TITLE	D	<input type="checkbox"/> Delete
NAME	DROEGE, GLENN	
STREET ADDRESS	1416 NE 60 STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	
TITLE	D	<input type="checkbox"/> Delete
NAME	KURTH, NOBLE	
STREET ADDRESS	1840 NW 42 STREET	
CITY-ST-ZIP	OAKLAND PARK FL 33309	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bogdal, Heather	
STREET ADDRESS	1233 NE 17 Ave	
CITY-ST-ZIP	Ft laud FL 33304	
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 RECEIVED C O B I

1-8-03 954-565-5268

CR2E037 (10/02)