

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 717576**

1. Entity Name

**KING OF GLORY LUTHERAN CHURCH, INC.****FILED****Jan 25, 2000 8:00 am  
Secretary of State**

01-25-2000 90092 031 \*\*\*\*61.25

Principal Place of Business 4820 FLORAMAR TERRACE % W.M. VAN O'LINDA NEW PORT RICHEY FL 34652 US	Mailing Address 4820 FLORAMAR TER C/O W M VAN O'LINDA NEW PORT RICHEY FL 34652-3302 US
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2. Principal Place of Business Same as above	3. Mailing Address Same as above
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DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number <b>59-1665750</b>	Applied For <input type="checkbox"/> Not Applied For
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent  <b>APPELL, RAYNOR 5800 RIVERLAWN COURT HOLIDAY FL 34690</b>	7. Name and Address of New Registered Agent Name <b>Jeff Wright</b> Street Address (P.O. Box Number is Not Acceptable) <b>5800 Riverlawn Ct.</b> City <b>Holiday, FL</b> Zip Code <b>FL 34690</b>
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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 	<b>Jeff Wright, President</b>	<b>1-16-2000</b>
<small>(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>		<small>DATE</small>

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD WRIGHT, JEFF 5800 RIVERLAWN CT HOLIDAY FL 34690</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD HANUS, LOIS 5116 CABRILLA COURT NEW PORT RICHEY FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD Carol Carlson 4909 South Shore Dr. New Port Richey, FL 34652</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD MITCHELL, THOMAS 5911 SEASIDE NEW PORT RICHEY FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD Raynor Appell 5719 Mossberg Dr. New Port Richey, FL 34655</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD Robert Riley 3250 Seaway Dr. New Port Richey, FL 34652</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:	<b>Jeff Wright, President</b>	<b>1/16/2000</b>	<b>(727) 848-5140</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>