

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90144 049 ****61.25

DOCUMENT # 717576

1. Entity Name

KING OF GLORY LUTHERAN CHURCH, INC.

Principal Place of Business

**4820 FLORAMAR TERRACE
 NEW PORT RICHEY FL 34652
 US**

Mailing Address

**4820 FLORAMAR TER
 NEW PORT RICHEY FL 34652
 US**

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

59-1665750

Applied For

Not Applicable

5. Certificate of Status Desired ☐ Additional Fee Required

\$8.75

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MITCHELL, THOMAS
 5911 SEASIDE DRIVE
 NEW PORT RICHEY FL 34652**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
 NAME **MITCHELL, THOMAS**
 STREET ADDRESS **5911 SEASIDE DRIVE**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

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

TITLE **SD** ☐ Delete
 NAME **RILEY, RUTH-ELIN**
 STREET ADDRESS **3250 SEAWAY DRIVE**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE ☒ Change ☐ Addition
 NAME **Ramona Worthington**
 STREET ADDRESS **9631 Woodhollow Court**
 CITY-ST-ZIP **New Port Richey, FL 34655**

TITLE **VD** ☒ Delete
 NAME **KELLOGG, PATRICK**
 STREET ADDRESS **13926 HELEN AVENUE**
 CITY-ST-ZIP **HUDSON FL 34667**

TITLE ☒ Change ☐ Addition
 NAME **Nanci Larson**
 STREET ADDRESS **5510 Clipper Court**
 CITY-ST-ZIP **New Port Richey, FL 34652**

TITLE **TD** ☐ Delete
 NAME **BIHARY, JOHN**
 STREET ADDRESS **P.O. BOX 3175**
 CITY-ST-ZIP **HOLIDAY FL 34690**

TITLE ☒ Change ☐ Addition
 NAME **Robert Riley**
 STREET ADDRESS **3250 Seaway Drive**
 CITY-ST-ZIP **New Port Richey, FL 34652**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02 727-849-1513

Date

Daytime Phone #

CR2E037 (9/01)