

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

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90068 044 ****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 ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Nanci K. Larson**

Street Address (P.O. Box Number is Not Acceptable)
5510 Clipper Court

City **New Port Richey**

FL

Zip Code
34652

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 **Nanci K. Larson, Council President**

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 | PD | <input checked="" type="checkbox"/> Delete |
| NAME | MITCHELL, THOMAS | |
| STREET ADDRESS | 5911 SEASIDE DRIVE | |
| CITY-ST-ZIP | NEW PORT RICHEY FL 34652 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | WORTHINGTON, RANONA | |
| STREET ADDRESS | 9631 WOODHOLLOW CT | |
| CITY-ST-ZIP | NEW PORT RICHEY FL 34655 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | NANCI, LARSON | |
| STREET ADDRESS | 5510 CLIPPER CT. | |
| CITY-ST-ZIP | NEW PORT RICHEY FL 34652 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | RILEY, ROBERT | |
| STREET ADDRESS | 3250 SEAWAY DR. | |
| CITY-ST-ZIP | NEW PORT RICHEY FL 34652 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Nanci K. Larson | |
| STREET ADDRESS | 5510 Clipper Court | |
| CITY-ST-ZIP | New Port Richey, FL 34652 | |
| 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 | Caroline Dager | |
| STREET ADDRESS | 3636 Corsair Court | |
| CITY-ST-ZIP | New Port Richey, FL 34652 | |
| 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 REQUIRED

3/10/03 727-845-0010

CR2E037 (10/02)