

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

FILED
Jun 09, 2003 8:00 am
Secretary of State

5/1

05-05-2003 91801 035 ****61.25

DOCUMENT # 720001

1. Entity Name

**HOLY CROSS EVANGELICAL LUTHERAN CHURCH, INC., OF
SPRING HILL, FLORIDA**



Principal Place of Business

**6193 SPRING HILL DRIVE
SPRING HILL FL 34608**

Mailing Address

**6193 SPRING HILL DRIVE
SPRING HILL FL 34608**

44003602

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 **59-1346091**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GARRETT, RONALD P
6193 SPRING HILL DRIVE
SPRING HILL FL 34608**

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

Ronald P. Garrett

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 **D** NAME **PD** **IVERSEN, EDWARD** ☐ Delete
STREET ADDRESS **6064 AIRMONT DR**
CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE **SD** NAME **MALONE, THOMAS R** ☒ Delete
STREET ADDRESS **6063 SCHALEKAMP DRIVE**
CITY-ST-ZIP **SPRING HILL FL 34609**

TITLE **TD** NAME **MALONE, ELAINE J** ☒ Delete
STREET ADDRESS **6063 SCHALEKAMP DRIVE**
CITY-ST-ZIP **SPRING HILL FL 34609**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** NAME **Ronald P. Garrett** ☐ Change ☒ Addition
STREET ADDRESS **2228 Orchard Park Drive**
CITY-ST-ZIP **Spring Hill, FL 34608**

TITLE **D** NAME **Secretary/Treasurer** ☐ Change ☒ Addition
STREET ADDRESS **Sandra H. Vetter**
CITY-ST-ZIP **9243 Manchester St.**
Spring Hill, FL 34606

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

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

TITLE ☐ Change ☐ Addition
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 *Sandra H. Vetter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03 352-683-9016

CR2E037 (10/02)