

2000 UNIFORM BUSINESS REPORT (UBR)

4/28/00-901/0-039-301.25-301.25

DOCUMENT # 725822

1. Entity Name

LUTHERAN MINISTRY IN CHRIST, CORAL SPRINGS, BROW

Principal Place of Business

Mailing Address

NGS BROWARD COUNTY FLORIDA INC.
10021 W. SAMPLE ROAD
CORAL SPRINGS FL 33065

NGS BROWARD COUNTY FLORIDA INC.
10021 W. SAMPLE ROAD
CORAL SPRINGS FL 33065-3305

FILED

00 MAR 20 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1381047

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARKS, RUSSELL A
3100 NW 108 DR
CORAL SPRINGS FL 33065

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 NAME STREET ADDRESS CITY-ST-ZIP	VT MELOHN, DICK 10068 NW 20TH STREET CORAL SPRINGS FL 33065	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT RETTIG, PAUL 8140 NW 60TH AVE PARKLAND FL 33067	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT TERHARK, SANDRA 9101 W SAMPLE RD #206 CORAL SPRINGS FL 33065	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COMBS, KERRIE 5340 NW 55TH BLVD, 8-305 COCONUT CREEK FL 33073	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Don Carey T 9690 Carousel Circle N. Boca Raton, FL 33434	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Chuck Hughes T 7037 Marlberry Ln. Tamarac, FL 33321	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Lisa-Marie Derion T 3283 Coral Hills Dr. #6 Coral Springs, FL 33065	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Dale Pazdra T 10918 NW 41 Dr. Coral Springs, FL 33065	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS	☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)