

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90073 027 ****61.25

0019642

DOCUMENT # 725822

1. Entity Name

LUTHERAN MINISTRY IN CHRIST, CORAL SPRINGS, BROWARD COUNTY, FLORIDA, INC.

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**

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

59-1381047

Applied For

Not Applicable

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

**REED, REGINA
 2400 NW 18 TERRACE
 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 **PT** ☐ Delete
 NAME **REED, REGINA**
 STREET ADDRESS **2400 NW 118 TERR**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

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

TITLE **VT** ☐ Delete
 NAME **PAZDRA, DALE**
 STREET ADDRESS **10918 NW 41 DR**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

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

TITLE **ST** ☒ Delete
 NAME **DERION, LISA-MARIE**
 STREET ADDRESS **3283 CORAL HILLS DR. #6**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **SECRETARY** ☒ Change ☒ Addition
 NAME **SANDRA BETLACH**
 STREET ADDRESS **3502 Broken Woods Drive**
 CITY-ST-ZIP **CORAL SPRINGS, FL 33065**

TITLE **T** ☒ Delete
 NAME **CAREY, DON**
 STREET ADDRESS **9690 CAROUSEL CIR N**
 CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE **TREASURER** ☐ Change ☒ Addition
 NAME **JEFF PONTIOUS**
 STREET ADDRESS **3469 NW 103 TERR**
 CITY-ST-ZIP **CORAL SPRINGS, FL 33065**

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

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

1/27/02 954-747-3002

CR2E037 (9/01)