

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726248

1. Entity Name

HOPE EVANGELICAL LUTHERAN CHURCH OF WEST PALM BEACH, FLORIDA, INC.

Principal Place of Business

970 PIKE ROAD  
WEST PALM BEACH FL 33411

Mailing Address

970 PIKE ROAD  
WEST PALM BEACH FL 33411  
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

59-1444638

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BAUR, PAUL T PASTOR  
7430 BELVEDERE ROAD  
WEST PALM BEACH FL 33411

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.

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

TITLE PD  
NAME BOREHENT, RAYMOND  
STREET ADDRESS 4128 HIGISCUS CIRCLE  
CITY-ST-ZIP WEST PALM BEACH FL

☐ Delete

TITLE DT  
NAME MILLER, CURTIS  
STREET ADDRESS 14030 75TH LANE  
CITY-ST-ZIP LOXAHATCHEE FL

☐ Delete

TITLE SD  
NAME PAUTZ, GERALD  
STREET ADDRESS 475 ONE 18TH TERRACE  
CITY-ST-ZIP FORT LAUDERDALE FL 33308

☐ Delete

TITLE SV  
NAME HUTSON, GLEN  
STREET ADDRESS 18555 93 RD NORTH  
CITY-ST-ZIP LOXAHATCHEE FL 33470

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME Borchert, Raymond  
STREET ADDRESS 4128 Hibiscus  
CITY-ST-ZIP

☒ Change ☐ Addition  
Correction

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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:

*Raymond Borchert*

3/24/02

684-0691

FILED  
Apr 01, 2002 8:00 am  
Secretary of State

04-01-2002 90015 015 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)