2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

FILED DOCUMENT # 728565 Mar 01, 2000 8:00 am **Secretary of State** LIVING WORD LUTHERAN CHURCH (ELCA) OF LANTANA, F 03-01-2000 90014 014 ****61.25 Principal Place of Business Mailing Address 2116 W LANTANA ROAD 2116 W LANTANA ROAD LANTANA FL 33462-2610 LANTANA FL 33462 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & Státe 4. FEI Number Applied For 59-1510313 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address BEITER, JEFFREY 224 GLENEAGLE DR ATLANTIS FL 33462 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 (NOTE: Registered Agent signature required FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **Department of State FEE IS \$61.25** Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. SD Delete TITLE SD TITLE Beiter, Vicki 224 Gleneagle Drive NAME NAME KONYHA, KEN STREET ADDRESS STREET ADDRESS 7916 LAKEWOOD COVE COURT CITY-ST-ZIP CITY-ST-ZIP Atlantis, FL LAKE WORTH FL 33467 **Addition** Change TITLE TD Delete TITLE NAME NAME MCCRADY, JUDITH STREET ADDRESS STREET ADDRESS 318 W. MANGO ST. CITY-ST-ZIP -CITY-ST-ZIP LANTANA FL 33462 Change ☐ Addition TITLE PD ☐ Delete TITLE NAME PIERCE, HARLAN NAME STREET ADDRESS STREET ADDRESS 1200 W PINE STREET CITY-ST-ZIP CITY-ST-ZIP LANTANA FL 33462 ☐ Change ☐ Addition TITLE ۷D ☐ Delete TITLE NAME BEITER, RICHARD NAME STREET ADDRESS 429 S. COUNTRY CLUB DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATLANTIS FL 33462 ☐ Delete TITLE Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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