

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

0028672

**DOCUMENT # 729541**

1. Entity Name

**PEACE EVANGELICAL LUTHERAN CHURCH OF FORT LAUDERDALE, FLORIDA, INC., THE LUTHERAN CHURCH - MISSO**

04-02-2002 90928 001 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1901 E. COMMERCIAL BLVD.  
 FORT LAUDERDALE FL 33308

1901 E. COMMERCIAL BLVD.  
 FORT LAUDERDALE FL 33308



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

**59-1235846**

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

**LINN, ALTON**  
**1500 E. ATLANTIC BLVD**  
**POMPANO BEACH FL 33060**

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 PD  
 NAME CHAPERON, JOHN  
 STREET ADDRESS 2825 NE 35 CT  
 CITY-ST-ZIP FORT LAUDERDALE FL 33308 ☐ Delete

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

TITLE SD  
 NAME WILTSIE, JOAN E  
 STREET ADDRESS 2206 S CYPRESS BEND DR  
 CITY-ST-ZIP POMPANO BEACH FL ☐ Delete

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

TITLE VD  
 NAME EDSTROM, DAVID  
 STREET ADDRESS 1735 NE 45 ST  
 CITY-ST-ZIP FT LAUDERDALE FL 33334 ☒ Delete

TITLE **VD**  
 NAME **Scheuerman, Charles**  
 STREET ADDRESS **P. O. Box 23835**  
 CITY-ST-ZIP **Ft. Lauderdale, FL 33307** ☒ Change ☐ Addition

TITLE TD  
 NAME BURNETT, SCOTT  
 STREET ADDRESS 1390 NE 30TH STREET  
 CITY-ST-ZIP OAKLAND PARK FL 33334 ☒ Delete

TITLE **TD**  
 NAME **Dean, Marilyn**  
 STREET ADDRESS **5500 NE 26 Ave.**  
 CITY-ST-ZIP **Ft. Lauderdale, FL 33308** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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:**

**JOHN CHAPERON**

**3/22/02**

**(954) 772-8010**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)