

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730627

1. Entity Name

MESSIAH LUTHERAN CHURCH, INC. OF GOLDEN GATE

Principal Place of Business

5800 GOLDEN GATE PKWY
NAPLES FL 34116-7450
US

Mailing Address

5800 GOLDEN GATE PKWY
NAPLES FL 34116-7450
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

FEDDERSEN, EDGAR
15 MOORHEAD MANOR
NAPLES FL 33962

7. Name and Address of New Registered Agent

Name FRED Busche
Street Address (P.O. Box Number is Not Acceptable)
731 LOGAN Blvd. S.
City NAPLES FL Zip Code 34119

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 NAME STREET ADDRESS CITY-ST-ZIP	SD DUNN, RENEE 6060 22ND AVE SW NAPLES, FL 00000 34116	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FEDEERSEN, EDGAR 15 MOORHEAD MANOR NAPLES FL 34112	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROAN, WES 3571 31ST AVENUE, SW NAPLES FL 34116	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BLAZEK, LINDA 2224 54TH TERRACE, SW NAPICO FL 34116	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUSCHE, FRED 731 LOGAN BLVD. S. NAPLES, FL 34119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

FRED BUSCHE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.15.01

941.455.2520

Date

Daytime Phone #

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90039 012 ****61.25

00000100



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)