2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State
09-06-2001 90246 021 ****61.25

0014736

DOCUMENT # 732568

1. Entity Name

ST. PAUL'S EVANGELICAL LUTHERAN CHURCH, INC.

Principal Place of Business	Mailing Address
6150 N. LECANTO HIGHWAY BEVERLY HILLS FL 34465 US	6150 N. LECANTO HIGHWAY BEVERLY HILLS FL 34465 US

DO NOT WRITE IN THIS SPACE

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 59-1552671 ☐ 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
JOHNSTON, PETER C 6 BEVERLY HILL BLVD BEVERLY HILLS FL 34465	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 **After September 12, 2001, min. will be $236.25**	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LEINBERGER, ALLEN 2649 W. MESA VERDE DR. BEVERLT HILLS FL 34465	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T NOMMENSEN, DENNIS 1807 N. MUSIAL CT. HERNANDO, FL 34442	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HAMBEL, JOHN 9297 N. KATHLEEN TR DUNNELLON FL 34433	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S POOLE, KENNETH 39 S. TYLER ST. BEVERLY HILLS FL 34465	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KRZEMINSKI, LEO 11419 CHATSWORTH PT LECANTO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSTON, ROBERT 9242 N. COMMODORE DR CITRUS SPRINGS FL 34434	☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/01)

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] SIGNATURE REQUIRED 8/30/01 352-249-4481
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON, OFFICER OR DIRECTOR