

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90006 028 ****61.25

DOCUMENT # 733441

1. Entity Name

MARCO LUTHERAN CHURCH, INC. OF MARCO ISLAND

Principal Place of Business

Mailing Address

**525 N. COLLIER BLVD
 MARCO ISLAND FL 34145
 US**

**525 N COLLIER BLVD
 MARCO ISLAND FL 34145
 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

59-6561840

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

**GREUSEL, JAMIE
 364 BALI
 MARCO ISLAND FL 34145**

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 \$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	<input checked="" type="checkbox"/> Delete
NAME	SHULER, RONALD	
STREET ADDRESS	530 S.E. COLLIER BLVD	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	MERCER, SHIRLEY	
STREET ADDRESS	124 TAHITI RD	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	UHL, WILFRED	
STREET ADDRESS	201 VINTAGE BAY DR #30	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FINNEGAN, TIMOTHY	
STREET ADDRESS	261 S. COLLIER BLVD #204	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UHL, WILFRED	
STREET ADDRESS	201 VINTAGE BAY DR #30	
CITY-ST-ZIP	MARCO ISLAND, FL 34145	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAYNER, CAROL	
STREET ADDRESS	381 WORTHINGTON STREET	
CITY-ST-ZIP	MARCO ISLAND, FL. 34145	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILBERT, KENNETH	
STREET ADDRESS	5000 ROYAL MARCO WAY #630	
CITY-ST-ZIP	MARCO ISLAND, FL. 34145	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address with a letter like appended.

SIGNATURE: **SIGNATURE REQUIRED** *Jamie Greusel* **TREASURER** *1/9/02* **941-389-0772**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)