

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735959

1. Entity Name

GRACE EVANGELICAL LUTHERAN CHURCH OF BAYONET POI

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90083 023 ****61.25

Principal Place of Business

Mailing Address

**411 MARINER BLVD.
 SPRING HILL FL 34609**

**411 MARINER BLVD.
 SPRING HILL FL 34609-5680**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1617285

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REICH, DANIEL K.
 1264 MASADA LANE
 SPRING HILL FL 34608**

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

Pastor Daniel K. Reich

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	SD	<input checked="" type="checkbox"/> Delete
NAME	SCHERSCHEL, ROBERT	
STREET ADDRESS	9727 SCEPTER AVE.	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, ROY JAMES	
STREET ADDRESS	12151 CAVERN RD	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SNELL, HOWARD	
STREET ADDRESS	7104-C BARCLAY AVE	
CITY-ST-ZIP	SPRING HILL FL 34613	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KEMPF, BOB	
STREET ADDRESS	3007 OVERVIEW LANE	
CITY-ST-ZIP	SPRING HILL FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Soults, Ed	
STREET ADDRESS	17207 U.S. 41	
CITY-ST-ZIP	Spring Hill Fl 34610	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Weirich, Al	
STREET ADDRESS	2113 Clayton Av.	
CITY-ST-ZIP	Spring Hill Fl. 34609	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kading, Derald	
STREET ADDRESS	7354 Willow Brook Dr.	
CITY-ST-ZIP	Spring Hill Fl 34606	
TITLE	T/D	<input checked="" 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		
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 all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)