

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

0079706

**DOCUMENT # 735959**

1. Entity Name

**GRACE EVANGELICAL LUTHERAN CHURCH OF BAYONET POI**

03-12-2001 90009 024 \*\*\*\*61.25

Principal Place of Business

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

Mailing Address

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

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

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

1/14/01

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** ☐ Delete  
 NAME **SCHERSCHEL, ROBERT**  
 STREET ADDRESS **9727 SCEPTER AVE.**  
 CITY-ST-ZIP **BROOKSVILLE FL**

TITLE **PD** ☒ Change ☐ Addition  
 NAME **Smith, Claude**  
 STREET ADDRESS **5114 Keysville Ave**  
 CITY-ST-ZIP **Spring Hill FL 34608**

TITLE **VD** ☐ Delete  
 NAME **ANDERSON, ROY JAMES**  
 STREET ADDRESS **12151 CAVERN RD**  
 CITY-ST-ZIP **SPRING HILL FL 34609**

TITLE **SD** ☒ Change ☐ Addition  
 NAME **Kading, Derald**  
 STREET ADDRESS **7354 Willow Brook Dr.**  
 CITY-ST-ZIP **Spring Hill FL 34606**

TITLE **T** ☒ Delete  
 NAME **SNELL, HOWARD**  
 STREET ADDRESS **7104-C BARCLAY AVE**  
 CITY-ST-ZIP **SPRING HILL FL 34613**

TITLE **PD** ☐ Change ☐ Addition  
 NAME **KEMPF, BOB**  
 STREET ADDRESS **3007 OVERVIEW LANE**  
 CITY-ST-ZIP **SPRING HILL FL**

TITLE **PD** ☐ Delete  
 NAME **KEMPF, BOB**  
 STREET ADDRESS **3007 OVERVIEW LANE**  
 CITY-ST-ZIP **SPRING HILL FL**

TITLE **TD** ☒ Change ☐ Addition  
 NAME **TD**  
 STREET ADDRESS **TD**  
 CITY-ST-ZIP **TD**

TITLE ☐ Delete  
 NAME ☐ Delete  
 STREET ADDRESS ☐ Delete  
 CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete  
 NAME ☐ Delete  
 STREET ADDRESS ☐ Delete  
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 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: Claude Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Claude Smith President**

1/14/01

352-688-2488

Date

Daytime Phone #

CR2E037 (10/00)