## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Feb 11, 2002 8:00 am DOCUMENT # 736702 Name changed &: 1. Entity Name of Peace? **Secretary of State** EVANGELICAL LUTHERAN CHURCH OF ENGLEWOOD 02-11-2002 90143 019 \*\*\*\*61.25 , Florida, inc. Mailing Address Principal Place of Business 2222 ENGLEWOOD ROAD 2222 ENGLEWOOD ROAD ENGLEWOOD FL 34223-6316 ENGLEWOOD FL 34223-6316 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For \_City & State\_\_\_\_ City & State 59-1613551 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CLEMENS, RICHARD **1846 NEPTUNE DRIVE** ENGLEWOOD FL 34223 Zip Code City 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 Fiorida. (NOTE: Registered Agent signature required when reinstating) **では、2008年** Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. (9/01)Addition TITLE TD ☐ Delete TITLE SHOLES; KEN NAME NAME CR2E037 STREET ADDRESS STREET ADDRESS 210 BROADMOOR LN CITY-ST-ZIP CITY-ST-ZIP ROTONDA WEST FL 33947 Change ☐ Addition TITLE Spalding, Howard BARFKNECHT-BURCHARD NAME NAME STREET ADDRESS STREET ADDRESS 658 BIRD BAY CIR CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34292 Addition TITLE ☐ Delete NAME CLEMENS, RICHARD NAME STREET ADDRESS STREET ADDRESS 547 BOUNDARY BLVD CITY-ST-ZIP CITY-ST-ZIP **ROTONDA WEST FL 33947** M Change Addition Delete TITLE Kesting Joshua 2272 Englewood RJ. 2772 Englewood RJ. NAME NAME MARTIN, LEROY STREET ADDRESS STREET ADDRESS 1403 BEACON DR CITY-ST-ZIP CITY-ST-ZIP PORT CHARLOTTE FL 33952 ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

\*\*KICHARD\*\* LENEUS\*\*

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIJANANA A ECKONERIA

1/23/00

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