

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State

0007845

DOCUMENT # 736743

04-06-2001 90056 005 ****61.25

1. Entity Name

MEMORIAL EVANGELICAL LUTHERAN CHURCH OF ST. AUGU

80025696



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

3375 US #1 SOUTH
~~P.O. BOX 1034~~
 ST AUGUSTINE FL 32085

3375 U S #1 SOUTH
~~P.O. BOX 1034~~
 ST AUGUSTINE FL 32086
 US

2. Principal Place of Business

3375 U.S. 1 South

3. Mailing Address

3375 US 1 South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Augustine, FL

City & State

St. Augustine, FL

4. FEI Number

59-2311622

Applied For

Not Applicable

Zip

32086

Country

USA

Zip

32086

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**UPCHURCH, HAMILTON D.
 % UPCHURCH, BAILEY & UPCHURCH, ATYS.
 ATLANTIC BANK BLDG.
 ST. AUGUSTINE FL 32084**

7. Name and Address of New Registered Agent

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**

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 type="checkbox"/> Delete |
| NAME | WEIMER, DANIEL | |
| STREET ADDRESS | 208 BLUE BIRD LANE | |
| CITY-ST-ZIP | ST AUGUSTINE FL 32084 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | BARNARD, NANCY J. | |
| STREET ADDRESS | 2884 KINGS RD | |
| CITY-ST-ZIP | ST AUGUSTINE, FL 0 | |
| TITLE | FS | <input type="checkbox"/> Delete |
| NAME | MOORE, FRAN | |
| STREET ADDRESS | 3 MATANZAS CIRCLE | |
| CITY-ST-ZIP | ST AUGUSTINE, FL 0 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | JACOBS, WILLIAM | |
| STREET ADDRESS | 221 VISTA COURT | |
| CITY-ST-ZIP | SAINT AUGUSTINE FL 32084 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | LEEWE, JAMES | |
| STREET ADDRESS | 3643 FT PERTON CR | |
| CITY-ST-ZIP | ST AUGUSTINE FL 32086 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | VIRGINIA, SINN | |
| STREET ADDRESS | 312 14 STREET | |
| CITY-ST-ZIP | SAINT AUGUSTINE FL 32095 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: *Daniel J. Weimer*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/01
 Date Daytime Phone #

CR2E037 (10/00)