

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736743

1. Entity Name

MEMORIAL EVANGELICAL LUTHERAN CHURCH OF ST. AUGUSTINE, FLORIDA, INC.

Principal Place of Business

3375 US #1 SOUTH  
SAINT AUGUSTINE FL 32086

Mailing Address

3375 US #1 SOUTH  
SAINT AUGUSTINE FL 32086  
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

59-2311622

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

UPCHURCH, HAMILTON D.  
% UPCHURCH, BAILEY & UPCHURCH, ATTYs.  
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

TITLE SD  
NAME WEIMER, DANIEL ☒ Delete  
STREET ADDRESS 208 BLUE BIRD LANE  
CITY-ST-ZIP ST AUGUSTINE FL 32084

TITLE T  
NAME BARNARD, NANCY J. ☐ Delete  
STREET ADDRESS 2884 KINGS RD  
CITY-ST-ZIP ST AUGUSTINE, FL 0

TITLE FS  
NAME MOORE, FRAN ☐ Delete  
STREET ADDRESS 3 MATANZAS CIRCLE  
CITY-ST-ZIP ST AUGUSTINE, FL 0

TITLE VD  
NAME JACOBS, WILLIAM ☒ Delete  
STREET ADDRESS 221 VISTA COURT  
CITY-ST-ZIP SAINT AUGUSTINE FL 32084

TITLE PD  
NAME VIRGINIA, SINN ☒ Delete  
STREET ADDRESS 312 14 STREET  
CITY-ST-ZIP SAINT AUGUSTINE FL 32095

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☐ Change ☒ Addition  
NAME SCHIMMEL, YVONNE  
STREET ADDRESS 702 WILKES CT.  
CITY-ST-ZIP ST AUGUSTINE, FL 32096

TITLE PD ☐ Change ☒ Addition  
NAME WELCH, John  
STREET ADDRESS 240 TREASURE Bch. RD.  
CITY-ST-ZIP ST AUGUSTINE, FL 32080

TITLE SD ☐ Change ☒ Addition  
NAME ABOWHL, LORRAINE  
STREET ADDRESS 6998 CYPRESS PT. RD  
CITY-ST-ZIP ST AUGUSTINE, FL 32096

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

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

TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 11, 2002 8:00 am  
Secretary of State

04-11-2002 90096 014 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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2/8/02 904/797-4377