

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737531

1. Entity Name

ST. PAUL'S EVANGELICAL LUTHERAN CHURCH OF ORLANDO

Principal Place of Business

300 E. CHURCH STREET  
ORLANDO FL 32801

Mailing Address

300 E. CHURCH STREET  
ORLANDO FL 32801-3544

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

SHANER, BARBARA E.  
1620 NEWCHAPEL DRIVE  
ORLANDO FL 32837

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	PD	<input checked="" type="checkbox"/> Delete
NAME	SCHULTZ, TERRY	
STREET ADDRESS	8639 WILLOW KANE COURT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CHRITIANSSEN, MARTIN	
STREET ADDRESS	8110 BRITT DR	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CHAVEZ, GLORIA	
STREET ADDRESS	900 W YATES STREET	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CHRISTIANSSEN, RANDI	
STREET ADDRESS	8110 BRITT DR	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTIANSSEN, MARTIN	
STREET ADDRESS	8110 BRITT DR.	
CITY-ST-ZIP	ORLANDO, FL 32822	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nguyen, Andrea	
STREET ADDRESS	495 Blue Jacket Lane	
CITY-ST-ZIP	ORLANDO, FL 32822	
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		
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:

*Martin Christianssen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00

Date

407-855-6162

Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED  
May 02, 2000 8:00 am  
Secretary of State

05-02-2000 90153 020 \*\*\*\*61.25

CR2E037 (9/99)