

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90038 008 ****61.25

DOCUMENT # 737531

1. Entity Name

ST. PAUL'S EVANGELICAL LUTHERAN CHURCH OF ORLANDO, FLORIDA, INC.

Principal Place of Business

Mailing Address

**300 E. CHURCH STREET
ORLANDO FL 32801**

**300 E. CHURCH STREET
ORLANDO FL 32801**

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

59-0751929

Applied For

Not Applicable

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

**SHANER, BARBARA E.
1620 NEWCHAPEL DRIVE
ORLANDO FL 32837**

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 **PD** ☒ Delete
NAME **CHRISTIANSEN, MARTIN**
STREET ADDRESS **8110 BRITT DR**
CITY-ST-ZIP **ORLANDO FL 32822**

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

TITLE **VPD** ☐ Delete
NAME **CHAVEZ, GLORIA**
STREET ADDRESS **900 W YATES STREET**
CITY-ST-ZIP **ORLANDO FL**

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

TITLE **SD** ☒ Delete
NAME **CHRISTIANSEN, RANDI**
STREET ADDRESS **8110 BRITT DR**
CITY-ST-ZIP **ORLANDO FL 32822**

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

TITLE **TD** ☐ Delete
NAME **NGUYEN, ANDREA**
STREET ADDRESS **405 BLUE JACKET LANE**
CITY-ST-ZIP **ORLANDO FL 32825**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☐ Change ☒ Addition
NAME **TERRY SCHULTZ**
STREET ADDRESS **8639 WILLOW KANE CT.**
CITY-ST-ZIP **ORLANDO, FL 32835**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Change ☒ Addition
NAME **WILLIAM ROLLIS**
STREET ADDRESS **150 WESTHOOR BLVD**
CITY-ST-ZIP **ORLANDO, FL 32835**

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

4/23/02 407-422-5840
Date Daytime Phone #

CR2E037 (9/01)