

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State
 03-26-2002 90067 033 ****61.25

DOCUMENT #740666

1. Entity Name

CHRIST THE KING LUTHERAN CHURCH FOUNDATION, INC.

Principal Place of Business

Mailing Address

**11295 S.W. 57TH AVENUE
 MIAMI FL 33156**

**11295 S.W. 57TH AVENUE
 MIAMI FL 33156**

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

59-1791463

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

**FULLER, VICTOR L
 C/O CHRIST THE KING CHURCH
 11295 SW 57 AVE
 MIAMI FL 33156**

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 **TD** ☐ Delete
 NAME **WILLIAMSON, CAROL**
 STREET ADDRESS **5501 SW 101ST STREET**
 CITY-ST-ZIP **MIAMI FL 33156**

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

TITLE **PD** ☐ Delete
 NAME **FULLER, VICTOR**
 STREET ADDRESS **6895 SW 112TH ST**
 CITY-ST-ZIP **MIAMI FL 33156**

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

TITLE **D** ☒ Delete
 NAME **HARTMAN, DOUGLAS**
 STREET ADDRESS **1000 PINE BRANCH DR**
 CITY-ST-ZIP **FT LAUDERDALE FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Change ☒ Addition
 NAME **TORCISE, STEVE**
 STREET ADDRESS **6800 SW 101 ST**
 CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☐ Change ☒ Addition
 NAME **MARTINEZ, JOE**
 STREET ADDRESS **10320 SW 99 AVE**
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☐ Delete
 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: Joe Martinez, Treasurer 3/11/02 (305) 665-5063

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)