

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 743752

FILED  
Sep 03, 2002  
Secretary of State

**Entity Name:** CROWN OF LIFE EVANGELICAL LUTHERAN CHURCH OF FT.MYERS, FLORIDA, INC.

**Current Principal Place of Business:**

5820 DANIELS PKWY  
FT MYERS, FL 33912

**New Principal Place of Business:**

**Current Mailing Address:**

5820 DANIELS PKWY  
FT MYERS, FL 33912

**New Mailing Address:**

**FEI Number:** 59-1864724

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEMAY, DAVID A  
445 PALM RIVE R BLVD  
NAPLES, FL 34110

**Name and Address of New Registered Agent:**

LEMAY, DAVID A  
445 PALM RIVER BLVD  
NAPLES, FL 34110

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: DAVID A. LEMAY

09/03/2002

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SCHROEDER, HOWARD  
Address: 1541 GEORGIAN BAY CIRCLE #111  
City-St-Zip: FORT MYERS, FL 33912

Title: SD ( ) Delete  
Name: MARTIN, BEN  
Address: 13570 BRYNWOOD LANE  
City-St-Zip: FORT MYERS, FL 33912

Title: TD ( ) Delete  
Name: LEMAY, DAVID A  
Address: 445 PALM RIVER BLVD  
City-St-Zip: NAPLES, FL 34110

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: LOZEN, DOUG  
Address: 507 WASHINGTON AVE.  
City-St-Zip: LEHIGH ACRES, FL 33972

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID A. LEMAY

TD

09/03/2002

Electronic Signature of Signing Officer or Director

Date