

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 744803**

1. Entity Name

ROGATE LUTHERAN CHURCH OF THE DEAF, INC.

Principal Place of Business

4825 EAST BAY DR.
CLEARWATER FL 33764
US

Mailing Address

P.O. BOX 6223
CLEARWATER FL 33758
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1974227

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

WASLEY, RICHARD
15548 GREATER GROVES BLVD
CLERMONT FL 34711

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

Richard Wasley

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/20/01

**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 ☐ Delete
NAME SMITH, RUTH
STREET ADDRESS 100 HAMPTON ROAD, LOT 2
CITY-ST-ZIP CLEARWATER FL 33759-3911TITLE TD ☐ Delete
NAME WASLEY, RICHARD
STREET ADDRESS 15548 GREATER GROVES BLVD
CITY-ST-ZIP CLERMONT FL 34711TITLE SD ☐ Delete
NAME STORM, ALICE
STREET ADDRESS 4001 HARBOR HILLS DR
CITY-ST-ZIP LARGO FL 33770TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE ☐ Change
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change
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:

Richard Wasley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/20/01

Daytime Phone #

(TTY ONLY)
352-242-4944**FILED**
Feb 16, 2001 8:00 am
Secretary of State

02-16-2001 90009 027 ****61.25



DO NOT WRITE IN THIS SPACE