

2002 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

WASLEY, RICHARD
15548 GREATER GROVES BLVD
CLERMONT FL 34711

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
NAME SMITH, RUTH
STREET ADDRESS 100 HAMPTON ROAD, LOT 2
CITY-ST-ZIP CLEARWATER FL 33759-3911 ☐ Delete

TITLE
NAME 8100 6th St. N.
STREET ADDRESS St. Petersburg FL 33702-3628 ☐ Change ☐ Addition

TITLE TD
NAME WASLEY, RICHARD
STREET ADDRESS 15548 GREATER GROVES BLVD
CITY-ST-ZIP CLERMONT FL 34711 ☐ Delete

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

TITLE SD
NAME STORM, ALICE
STREET ADDRESS 4001 HARBOR HILLS DR
CITY-ST-ZIP LARGO FL 33770 ☐ Delete

TITLE
NAME 11511 113th St. N. #10D
STREET ADDRESS Largo FL 33778 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

Daytime Phone #

1/26/02-352-242-4944
(ETDD ONLY)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90124 029 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)