

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90094 035 ****61.25

DOCUMENT # 752766

1. Entity Name

FAITH LUTHERAN CHURCH OF JACKSONVILLE, INC.

Principal Place of Business

Mailing Address

5927 OLD TIMUQUANA ROAD
 JACKSONVILLE FL 32210
 US

5927 OLD TIMUQUANA ROAD
 JACKSONVILLE FL 32210-7889
 US

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1447573

Applied For

Not Applicable

Zip

Country

Zip

Country

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

REV JOHN E HUGUS
6710 COLLINS RD #512
JACKSONVILLE FL 32244

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 Delete
 NAME **REV JOHN HUGUS**
 STREET ADDRESS **6710 COLLINS RD #512**
 CITY-ST-ZIP **JACKSONVILLE, FL 00000 32244**

TITLE Change Addition
 NAME **Kenneth Feezor, Sr.**
 STREET ADDRESS **2226 Corot Dr**
 CITY-ST-ZIP **Jacksonville, FL 32210**

TITLE Delete
 NAME **TURANO, GENEVIEVE**
 STREET ADDRESS **5241 LEXINGTON AVE**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE Change Addition
 NAME **Barbara Engel**
 STREET ADDRESS **2336 Walters Rd**
 CITY-ST-ZIP **Middleburg, FL 32068**

TITLE Delete
 NAME **CRANE, LAURA**
 STREET ADDRESS **500 CHAFFEE RD #45**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE Change Addition
 NAME **Barbara Smith**
 STREET ADDRESS **6249 Nancy Dr**
 CITY-ST-ZIP **Jacksonville, FL 32244**

TITLE Delete
 NAME **D LUETHY, FRED**
 STREET ADDRESS **5595 CANVASBACK ROAD**
 CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE Change Addition
 NAME **D Harry Dawson**
 STREET ADDRESS **7731 King Royse Rd**
 CITY-ST-ZIP **Jacksonville, FL 32244**

TITLE Delete
 NAME **D- P/D WOLF, PAT**
 STREET ADDRESS **1170 HAMILTON AVE**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE Change Addition
 NAME **D Erwin Gandy**
 STREET ADDRESS **6776 Townsend Rd #157**
 CITY-ST-ZIP **Jacksonville, FL 32244**

TITLE Delete
 NAME **D Marion Neumiller**
 STREET ADDRESS **2117 Bourget Dr**
 CITY-ST-ZIP **Jacksonville, FL 32210**
Addition

TITLE Change Addition
 NAME **D Gene Grams**
 STREET ADDRESS **5521 Greatpine Lane S**
 CITY-ST-ZIP **Jacksonville, FL 32244**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/00

Date

Daytime Phone #

CR2E037 (9/99)