

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 24, 2001 8:00 am**  
**Secretary of State**

0001174

**DOCUMENT # 752766**

1. Entity Name  
**FAITH LUTHERAN CHURCH OF JACKSONVILLE, INC.**

07-24-2001 90008 020 \*\*\*\*61.25

LA

Principal Place of Business      Mailing Address

**5927 OLD TIMUQUANA ROAD**      **5927 OLD TIMUQUANA ROAD**  
**JACKSONVILLE FL 32210**      **JACKSONVILLE FL 32210**  
**US**      **US**



DO NOT WRITE IN THIS SPACE

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 **59-1447573**      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

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

Name **Ms. Patricia Wolf**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1170 Hamilton Ave.**  
 City **Jacksonville**      FL      Zip Code **32205**

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 *Patricia Wolf*      DATE **7/12/01**

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**  
**After September 12, 2001, min. will be \$236.25**

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

TITLE **VP**       Change       Addition  
 NAME **Neumiller, Marion**  
 STREET ADDRESS **2217 Bourget Dr.**  
 CITY-ST-ZIP **Jacksonville, FL 32210**

TITLE **S**       Delete  
 NAME **ENGEL, BARBARA**  
 STREET ADDRESS **2336 WALTERS RD**  
 CITY-ST-ZIP **MIDDLEBURG FL 32068**

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

TITLE **D**       Delete  
 NAME **BARBARA, SMITH**  
 STREET ADDRESS **6249 NANCY DR**  
 CITY-ST-ZIP **JACKSONVILLE FL 32244**

TITLE **S**       Change       Addition  
 NAME **Lilly, Katy**  
 STREET ADDRESS **5253 Fremont St.**  
 CITY-ST-ZIP **Jacksonville, FL 32210**

TITLE **D**       Delete  
 NAME **DAWSON, HARRY**  
 STREET ADDRESS **7731 KING ROYSE RD**  
 CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE **D**       Change       Addition  
 NAME **Parker, Patti**  
 STREET ADDRESS **603 Watling Lane**  
 CITY-ST-ZIP **Jacksonville, FL 32221**

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

TITLE **D**       Change       Addition  
 NAME **Janney, Raymond**  
 STREET ADDRESS **6151 Carlton Rd.**  
 CITY-ST-ZIP **Jacksonville, FL 32244**

TITLE **D**       Delete  
 NAME **ERWIN, GANDY**  
 STREET ADDRESS **5221 GREATPINE LANE S**  
 CITY-ST-ZIP **JACKSONVILLE FL 32244**

TITLE **D**       Change       Addition  
 NAME **Luethy, Fred**  
 STREET ADDRESS **5595 Canvasback Rd.**  
 CITY-ST-ZIP **Middleburg, FL 32068**

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: *Patricia Wolf*      SIGNATURE REQUIRED      DATE **7/12/01**      **232-1469**

CR2E037 (5/01)