

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90486 046 ****61.25

000370

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
 US

DEPARTMENT OF STATE



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

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

WOLF, PATRICIA
1170 HAMILTON AVENUE
JACKSONVILLE FL 32205

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 NAME	VP NEAMILLER, MARION	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	2217 BOURGET DRIVE JACKSONVILLE FL 32210	
TITLE NAME	I FEEZOR, KENNETH SR.	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	2226 COROT DRIVE JACKSONVILLE FL 32210	
TITLE NAME	D BARBARA, SMITH	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	6249 NANCY DR JACKSONVILLE FL 32244	
TITLE NAME	D DAWSON, HARRY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	7731 KING ROYSE RD MIDDLEBURG FL 32068	
TITLE NAME	P WOLF, PAT	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1170 HAMILTON AVE JACKSONVILLE FL	
TITLE NAME	D LUETHY, FRED	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	5595 CANVASBACK ROAD MIDDLEBURG FL 32068	

TITLE NAME	VP RAY REEDY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	2256 TEGNER DR. JACKSONVILLE FL 32210	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	S KATY LILLY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	5253 FREMONT ST. JACKSONVILLE FL 32210	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Patricia D. Wolf* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)