

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 25, 2003 8:00 am**  
**Secretary of State**

07-25-2003 90089 020 \*\*\*\*61.25

0001265

**DOCUMENT # 752766**

1. Entity Name

**FAITH LUTHERAN CHURCH OF JACKSONVILLE, INC.**



Principal Place of Business

5927 OLD TIMUQUANA ROAD  
JACKSONVILLE FL 32210  
US

Mailing Address

5927 OLD TIMUQUANA ROAD  
JACKSONVILLE FL 32210  
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 **59-1447573**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WOLF, PATRICIA**  
1170 HAMILTON AVENUE  
JACKSONVILLE FL 32205

7. Name and Address of New Registered Agent

Name **LUETHY, FRED P.**

Street Address (P.O. Box Number is Not Acceptable)

**5595 CANVASBACK ROAD**

City **MIDDLEBURG**

**FL**

Zip Code **32068-7411**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Fred P. Luethy* **FRED P. LUETHY, PRESIDENT**

**7/9/03**

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 10, 2003, min will be \$236.25**

9. Election Campaign Financing,  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>REEDY, RAY</b> <b>2256 TEGNER DR</b> <b>JACKSONVILLE FL 32210</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>FEEZOR, KENNETH SR.</b> <b>2226 COROT DRIVE</b> <b>JACKSONVILLE FL 32210</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BARBARA, SMITH</b> <b>6249 NANCY DR</b> <b>JACKSONVILLE FL 32244</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>LILLY, KATY</b> <b>5253 FREMONT ST</b> <b>JACKSONVILLE FL 32210</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WOLF, PAT</b> <b>1170 HAMILTON AVE</b> <b>JACKSONVILLE FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D P</b> <b>LUETHY, FRED</b> <b>5595 CANVASBACK ROAD</b> <b>MIDDLEBURG FL 32068</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Fred P. Luethy* **REGISTERED LUETHY** **7/9/03** **(904) 771-6611**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)