

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

03-11-2002 90078 038 ****61.25

DOCUMENT # 753483

1. Entity Name

SAINT PAUL LUTHERAN CHURCH, INC.

Principal Place of Business

Mailing Address

1407 E. JOHN SIMS PARKWAY
 NICEVILLE FL 32578
 US

1407 JOHN SIMS PARKWAY
 NICEVILLE FL 32578
 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

59-1962181

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UNDERDAHL, JOHN L
1007 DARLINGTON OAK DRIVE
NICEVILLE FL

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.

CHANGES IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BUTLER, GARY	
STREET ADDRESS	334 JAMAICA WAY	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	DUGAN, TOM	
STREET ADDRESS	334 OAKLAKE LANE	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ADAMS, MIKE	
STREET ADDRESS	1505 ABACO COVE	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MIMS, PAULA	
STREET ADDRESS	4028 BOND CIRCLE	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	Change <input checked="" type="checkbox"/> Addition
NAME	ROGER JONES	
STREET ADDRESS	628 BROOKHAVEN WAY	
CITY-ST-ZIP	NICEVILLE, FLORIDA 32578	
TITLE	VD	Change <input checked="" type="checkbox"/> Addition
NAME	STANLEY CLAYPOOL	
STREET ADDRESS	723 CARIBBEAN WAY	
CITY-ST-ZIP	NICEVILLE, FLORIDA 32578	
TITLE	SD	Change <input checked="" type="checkbox"/> Addition
NAME	JOHN KUEHLTHAU	
STREET ADDRESS	527 22ND STREET	
CITY-ST-ZIP	NICEVILLE, FLORIDA 32578	
TITLE	DD	Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD NEWMAN	
STREET ADDRESS	607 SAMANA WAY	
CITY-ST-ZIP	NICEVILLE, FLORIDA 32578	
TITLE		Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/01)

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

John L. Underdahl
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

24 Feb 2002

850-678-1218