


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

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90230 044 ****61.25

DOCUMENT # 753483

1. Entity Name
SAINT PAUL LUTHERAN CHURCH, INC.



Principal Place of Business
**1407 E. JOHN SIMS PARKWAY
NICEVILLE FL 32578
US**

Mailing Address
**1407 JOHN SIMS PARKWAY
NICEVILLE FL 32578
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
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**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

UNDERDAHL, JOHN L
1007 DARLINGTON OAK DRIVE
NICEVILLE FL

7. Name and Address of New Registered Agent

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

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 Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE NAME	T Brenda Patten	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	731 Saint Thomas Cove	
CITY-ST-ZIP	Niceville FL 32578	
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: *John Kuehlthau* **REQUIRED** John Kuehlthau 07-13-03 678-1298 (850)

CR2E037 (10/02)