

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

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90482 007 ****61.25

DOCUMENT # 756086

1. Entity Name

**CHRIST EVANGELICAL LUTHERAN CHURCH OF KEYSTONE H
EIGHTS, FLORIDA, INC.**



Principal Place of Business

Mailing Address

STATE ROAD 21

STATE ROAD 21

P.O. BOX 125 3760 SE. ST. RD. 21

P.O. BOX 125 3760 SE. ST. RD. 21

KEYSTONE HEIGHTS FL 32656-6128

KEYSTONE HEIGHTS FL 32656-6128

32656-6128

2. Principal Place of Business

3. Mailing Address

3760 SE. STATE RD. 21

3760 SE. STATE RD. 21

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

KEYSTONE HTS. FL

KEYSTONE HTS. FL

Zip

Country

Zip

Country

32656-6128

USA

32656-6128

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ENGEL, TODD A
3762 STATE ROAD 21
KEYSTONE HEIGHTS FL 32656

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HEDERICK, JAMES 18104 NE 143 AVENUE WALDO FL 33640	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOMLINSON, JAMES 235 S.W. AZALEA PALCE KEYSTONE HEIGHTS FL 32656	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENGEL, TODD A 3762 STATE ROAD 21 KEYSTONE HGTS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TEETER, BILL 6283 DRAKE AVENUE KEYSTONE HGTS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC PLOSILA, JOHN 183 SWAN LAKE DRIVE MELROSE, FL 32666	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NOSBISCH, CHARLES 5526 LASSEN STREET KEYSTONE HGTS, FL 32656	<input type="checkbox"/> Change <input checked="" 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 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:

SIGNATURE REQUIRED

2-09-03

352-475-5680

CR2E037 (10/02)