## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURES

## Jan 30, 2002 8:00 am Secretary of State DOCUMENT # 758170 01-30-2002 90071 021 \*\*\*\*61.25 FAITH EVANGELICAL LUTHERAN CHURCH Mailing Address Principal Place of Business 2601 49TH ST. NORTH " 2601 49TH ST. NORTH DANTIAGA ST PETERSBURG FL 33710 ST PETERSBURG FL 33710 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 59-1492646 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) KOCH, HENRY T 4845 25TH AVE N SAINT PETERSBURG FL 33713 City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Department of State grockTrust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 3 2 3 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition TITLE PΠ ☐ Delete TITLE **ULBRICHT, PAUL** NAME NAME 11 STREET ADDRESS STREET AODRESS 6672 31ST ST. S CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG, FL 00000 TITLE Change ☐ Addition TITLE ☐ Delete **FURNO, EDWARD** NAME NAME STREET ADDRESS STREET ADDRESS 13310 108 AVE. N. CITY-ST-ZIP CITY-ST-ZIP LARGO FL ☐ Change TD ☐ Delete TITLE ☐ Addition NAME RANDALL IHMS NAME STREET ADDRESS STREET ADDRESS 5711 20TH AVE N. CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete Change ☐ Addition TITLE TITLE NAME MAPHEIMER.-WAYNE -- - -NAME STREET ADDRESS STREET ADDRESS 1601 43RD STREET NORTH #228 CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33710 Change ☐ Addition TITLE □ Defete TITLE NAME Leathers, Jeff NAME STREET ADDRESS STREET ADDRESS 4733 46TH AVENUE NORTH CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33714 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MARKS, MICHAEL NAME STREET ADDRESS STREET ADDRESS 5201 29TH STREET NORTH CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33710 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.

**FILED** 

727-866-334