

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766745

1. Entity Name

SALEM LUTHERAN CHURCH, INC.

Principal Place of Business
7900 APOPKA-VINELAND RD.
ORLANDO FL 32819

Mailing Address
7900 APOPKA-VINELAND RD.
ORLANDO FL 32819-5454

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90074 004 ****61.25



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2257041

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROOKS, STEVE
303 BAYSIDE AVE.
WINTER GARDEN FL 34787

Name

Jeff Burns

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

24 Heather Green Ct.

City

Ocoee

FL

Zip Code

34761

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 of agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/6/2000

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME BROOKS, STEVE
STREET ADDRESS 303 BAYSIDE AVE
CITY-ST-ZIP WINTER GARDEN FL 34787

TITLE PD ☒ Change ☐ Addition
NAME BURNS, JEFF
STREET ADDRESS 24 Heather Green Ct.
CITY-ST-ZIP Ocoee, FL 34761

TITLE VPD ☒ Delete
NAME BURNS, JEFF
STREET ADDRESS 24 HEATHER GREEN CT
CITY-ST-ZIP OCOEE FL 34761

TITLE VPD ☒ Change ☐ Addition
NAME JOHNSON, PAUL
STREET ADDRESS 6575 Gibson Drive
CITY-ST-ZIP Orlando, FL 32809

TITLE JT ☒ Delete
NAME JONES, STEVE
STREET ADDRESS 5771 CRAINDALE DR.
CITY-ST-ZIP ORLANDO FL 32819

TITLE JT ☒ Change ☐ Addition
NAME FETTERHOFF, AUDREY
STREET ADDRESS 7677 High Pine Road
CITY-ST-ZIP Orlando, FL 32819

TITLE AT ☐ Delete
NAME MAGNUSON, LINDA
STREET ADDRESS 8416 INDIAN WELLS CT.
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME GUNTER, MATT
STREET ADDRESS 1005 AUTNMN LEAF DR.
CITY-ST-ZIP WINTER GARDEN FL 34787

TITLE SD ☒ Change ☐ Addition
NAME THOMPSON, MARILYN
STREET ADDRESS 8317 Sugarmill St.
CITY-ST-ZIP Orlando, FL 32819

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE OF SIGNING OFFICER OR DIRECTOR

1-6/2000

Date

407/877-0494

Daytime Phone #

CR2E037 (9/99)