

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2002 8:00 am
Secretary of State

08-06-2002 90130 013 ****61.25

DOCUMENT # 766745

1. Entity Name

SALEM LUTHERAN CHURCH, INC.

Principal Place of Business

Mailing Address

7900 APOPKA-VINELAND RD.
 ORLANDO FL 32819

7900 APOPKA-VINELAND RD.
 ORLANDO FL 32819

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

BURNS, JEFF
363 SEASIDE COURT
APT 101
OCOE FL 34761

Name

Roger Kjos

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

5119 Creusot Ct.

City

Orlando

FL

Zip Code

32839

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

ROGER KJOSA *Roger Kjos*

7/28/02

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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 BURNS, JEFF
 STREET ADDRESS 24 HEATHER GREEN CT
 CITY-ST-ZIP OCOEE FL 34761

TITLE PD ☒ Change ☐ Addition
 NAME Kjos, Roger
 STREET ADDRESS 5119 Creusot Ct.
 CITY-ST-ZIP Orlando, FL 32839

TITLE VPD ☒ Delete
 NAME JOHNSON, PAUL
 STREET ADDRESS 6575 GIBSON DR
 CITY-ST-ZIP ORLANDO FL 32809

TITLE VPD ☒ Change ☐ Addition
 NAME Putz, Myrna
 STREET ADDRESS 3001 Barrymore Ct.
 CITY-ST-ZIP Orlando, FL 32835

TITLE TT ☐ Delete
 NAME FETTERHOFF, AUDREY
 STREET ADDRESS 7677 HIGH PINE RD
 CITY-ST-ZIP ORLANDO FL 32819

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

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 THOMPSON, MARILYN
 STREET ADDRESS 8317 SUGARMILL ST
 CITY-ST-ZIP ORLANDO FL 32819

TITLE SD ☒ Change ☐ Addition
 NAME Ryan, Barbara
 STREET ADDRESS 8716 Crestgate Circle
 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: *ROGER KJOSA*

SIGNATURE REQUIRED

7/28/02

(407) 240-1717

CR2E037 (4/02)