

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

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90081 011 ****61.25

DOCUMENT # 769736 ✓
1. Entity Name
Crown of Glory Evangelical Lutheran Church,
Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2101 S. Apopka Vineland Road Suite, Apt. #, etc.		3. Mailing Address 647 Rosegate Lane Suite, Apt. #, etc.	
City & State Orlando FL		City & State Orlando FL	
Zip 32835	Country U.S.	Zip 32835	Country U.S.

DO NOT WRITE IN THIS SPACE

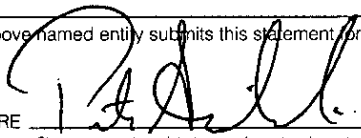
4. FEI Number 59-2369839	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Peter Schmidt
Street Address (P.O. Box Number is Not Acceptable)
647 Rosegate Lane
City Orlando **FL** **Zip Code** 32835

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  **Peter Schmidt** **04-08-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$61.25
Initial or Amended UBR

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P T.J. Klungseth 10632 Woodchase Circle Orlando, FL 32836	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T.J.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Tom Oerther 11122 Iron Bridge Rd. Orlando, FL 32836	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tom
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Brad Hauer 7123 Yacht Basin Avenue # 332 Orlando, FL 32835	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Brad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Neville Khandasammy 123 Red Rose Circle Orlando, FL 32835	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rick wilkinson 3602 Sutton Drive Orlando, FL 32810		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D mark miller 8504 Cedar Cove Court Orlando, FL 32819		

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **T.J. Klungseth** **04-07-02** **407 876-1954**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)