

2000 UNIFORM BUSINESS REPORT (UBR)

2/2

FILED
May 15, 2000 8:00 am
Secretary of State

02-24-2000 90061 023 ****61.25

DOCUMENT # 770055

1. Entity Name

EVANGELICAL LUTHERAN ZION CHURCH, INC.

Principal Place of Business

Mailing Address

547
 757 SOUTH MAIN AVENUE
 GROVELAND FL 34738

757 SOUTH MAIN AVENUE
 GROVELAND FL 34738-2733

2. Principal Place of Business

3. Mailing Address

547 Main
 Suite, Apt. #, etc.

547 Main
 Suite, Apt. #, etc.

City & State

City & State

Groveland Fl

Groveland Fl

Zip

Country

Zip

Country

34736 Lake

34736 Lake

4. FEI Number

59-1022741

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHOENBERGER, ROGER
 8924 CHERRY LAKE RD
 GROVELAND FL 34736

Name Patricia A McCurdy
 Street Address (P.O. Box Number is Not Acceptable) 5120 Links Lane
 City Leesburg FL Zip Code 34748

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

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

Patricia A McCurdy 4/16/00
 (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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	SCHROEDER, BARBARA	
STREET ADDRESS	12998 S.E. 50 ST	
CITY-ST-ZIP	WEBSTER FL 33597	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIM, JOHN	
STREET ADDRESS	5832 ANDERSON RD	
CITY-ST-ZIP	GROVELAND FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LOWE, JAMES C JR	
STREET ADDRESS	5848 LK CATHERINE RD	
CITY-ST-ZIP	GROVELAND FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LITTLE, DORIS	
STREET ADDRESS	9945 SR 33	
CITY-ST-ZIP	GROVELAND FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	SCHOENBERGER, ROGER	
STREET ADDRESS	8924 CHERRY LK RD	
CITY-ST-ZIP	GROVELAND FL 34736	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PHILLIPS, RUTH	
STREET ADDRESS	PO BOX 960 -- 4400 SIMON BROWN RD	
CITY-ST-ZIP	MASCOTTE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patricia Mc Curdy.	
STREET ADDRESS	5120 Links Lane	
CITY-ST-ZIP	Leesburg FL 34748	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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

Patricia A McCurdy 5/21/00 352-314-9819
 Date Daytime Phone #

CF2E037 (9/99)