

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90264 022 ****61.25

DOCUMENT # 770055

1. Entity Name

EVANGELICAL LUTHERAN ZION CHURCH, INC.

Principal Place of Business

**547 S MAIN STREET
 GROVELAND FL 34736**

Mailing Address

**547 S MAIN STREET
 GROVELAND FL 34736**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

**MCCURDY, PATRICIA
 5120 KEN S LANE
 LEESBURG FL 34748**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

(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

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 checked="" type="checkbox"/> Delete
NAME	LOWE, JAMES C JR	
STREET ADDRESS	5848 LK CATHERINE RD	
CITY-ST-ZIP	GROVELAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCURDY, PATRICIA	
STREET ADDRESS	5120 LINKS LANE	
CITY-ST-ZIP	LEESBURG FL 34748	
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Miller, Robert	
STREET ADDRESS	8246 Bailey Dr	
CITY-ST-ZIP	Clermont FL 34711	
TITLE	Robert Miller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	8246 Bailey Dr	
CITY-ST-ZIP	Clermont FL 34711	
TITLE	Treasurer	<input checked="" 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	Secretary	<input checked="" 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)(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:

Patricia McCurdy
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 22, 2001 352-314-9819
 Daytime Phone #

CR2E037 (10/00)