

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770344

1. Entity Name

SAINT MICHAEL EVANGELICAL LUTHERAN CHURCH OF WEL

FILED
Feb 17, 2000 8:00 am
Secretary of State

02-17-2000 90077 017 ****61.25

Principal Place of Business

Mailing Address

1925 BIRKDALE DRIVE
WELLINGTON FL 33414
US

1925 BIRKDALE DRIVE
WELLINGTON FL 33414-5809
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2387200

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

Name

George Hooper

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

984 Lake Breeze Dr

City

Wellington

FL

Zip Code

33414

HOOPER, GEORGE
1935 BIRKDALE DRIVE
WELLINGTON FL 33414

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | HINDES, RICHARD | |
| STREET ADDRESS | 3557 CYPRESSWOOD CT | |
| CITY-ST-ZIP | LAKEWORTH FL | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | CROCKETT, JOHN | |
| STREET ADDRESS | 1954 STAMFORD CIRCLE | |
| CITY-ST-ZIP | WELLINGTON FL 33414 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | ELDER, WENDY | |
| STREET ADDRESS | 15440 WOODMAR CT | |
| CITY-ST-ZIP | WELLINGTON FL 33414 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | RIZZO, PETER | |
| STREET ADDRESS | 13015 LA MIRADA CIR | |
| CITY-ST-ZIP | WELLINGTON FL 33414 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | KEIP, YVONNE | |
| STREET ADDRESS | 1281 WYNDCLIFF LN | |
| CITY-ST-ZIP | WELLINGTON FL 33414 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-----------------------|---|
| TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Joe Shelley | |
| STREET ADDRESS | 9959 CROSS Pine Court | |
| CITY-ST-ZIP | LAKE WORTH FL 33467 | |
| TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Keith Luman | |
| STREET ADDRESS | 2742 Yarmouth Dr | |
| CITY-ST-ZIP | Wellington FL 33414 | |
| TITLE | TD | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Dora Bogholtz | |
| STREET ADDRESS | 1682 LARANGE BROOKE | |
| CITY-ST-ZIP | Wellington FL 33414 | |
| TITLE | VD | <input checked="" 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 | Steve Wiebke | |
| STREET ADDRESS | 968 Lake Breeze Dr | |
| CITY-ST-ZIP | Wellington, FL 33414 | |
| 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)(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:

Joe Shelley REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)