

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 770344**

1. Entity Name

SAINT MICHAEL EVANGELICAL LUTHERAN CHURCH OF WEL**FILED**
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90023 006 ****61.25

Principal Place of Business

1925 BIRKDALE DRIVE
WELLINGTON FL 33414
US

Mailing Address

1925 BIRKDALE DRIVE
WELLINGTON FL 33414
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2387200

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

HOOPER, GEORGE
984 LAKE BRUCE DR
WELLINGTON FL 33414

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 \$61.259. 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 PD
NAME SHELLEY, JOE
STREET ADDRESS 9959 CROSS PINE CT
CITY-ST-ZIP LAKE WORTH FL 33467 ☐ DeleteTITLE SD
NAME ULLMAN, KEITH
STREET ADDRESS 2742 YARMOUTH DR
CITY-ST-ZIP WELLINGTON FL 33414 ☐ DeleteTITLE TD
NAME BOGHOLTZ, DORA
STREET ADDRESS 1682 CARRIAGE BROOK
CITY-ST-ZIP WELLINGTON FL 33414 ☐ DeleteTITLE VD
NAME RIZZO, PETER
STREET ADDRESS 13015 LA MIRADA CIR
CITY-ST-ZIP WELLINGTON FL 33414 ☐ DeleteTITLE D
NAME WIEBKE, STEVE
STREET ADDRESS 968 LAKE BREEZE DR
CITY-ST-ZIP WELLINGTON FL 33414 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)