

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 770344

FILED
Jan 07, 2003
Secretary of State

Entity Name: SAINT MICHAEL EVANGELICAL LUTHERAN CHURCH OF WELLINGTON, FLORIDA, INC.

Current Principal Place of Business:

1925 BIRKDALE DRIVE
WELLINGTON, FL 33414 US

New Principal Place of Business:

Current Mailing Address:

1925 BIRKDALE DRIVE
WELLINGTON, FL 33414 US

New Mailing Address:

FEI Number: 59-2387200

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOOPER, GEORGE
984 LAKE BREEZE DR
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WOOLCOCK, NANCY
Address: 12109 SUNSET POINT DR
City-St-Zip: WELLINGTON, FL 33414

Title: SD () Delete
Name: HAINES, WILLIAM
Address: 1304 PINETTA CIRCLE
City-St-Zip: WELLINGTON, FL 33414

Title: TD () Delete
Name: MORETTI, JUDY
Address: 3545 LITTLE PINE LANE
City-St-Zip: LAKE WORTH, FL 33467

Title: VD () Delete
Name: WEISS, DAVE
Address: 8599 CYPRESS SPRINGS RD
City-St-Zip: LAKE WORTH, FL 33467

Title: D () Delete
Name: KISS, STEVE
Address: 1561 CLYDESDALE AVE
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: WEISS, DAVE
Address: 17537 ORANGE GROVE BLVD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY WOOLCOCK

PD

01/07/2003

Electronic Signature of Signing Officer or Director

Date