2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State
01-28-2000 90137 019 ****61.25

DOCUMENT # 770767

1. Entity Name

CHRIST THE KING LUTHERAN CHURCH OF LABELLE, INC.

Principal Place of Business	Mailing Address
1362 THIGPEN RD. LA BELLE FL 33935	P.O. BOX 2925 LABELLE FL 33975-2925 US

DO NOT WRITE IN THIS SPACE

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 59-2363738 ☐ Applied For ☐ Not Applicable

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
CLAUSEN, BILL 1205 COUNTY ROAD 830 FELDA FL 33930	Name: MEL KARAU Street Address (P.O. Box Number is Not Acceptable): 1750 FT DENAUD RD ALVA, FL City: ALVA **FL** Zip Code: 33920

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: Karau MELVIN KARAU 1/11/00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P CLAUSEN, BILL 1205 C.R. 830 FELDA FL 33930	☒ Delete	P KARAU, MEL 1750 FT DENAUD RD ALVA, FL 33920	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PEREZ, LYNN 2745 CASE RD., LABELLE FL LABELLE FL	☒ Delete	S.D MEAD, HELEN P.O. BOX 2109 LaBelle, FL 33975	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MEAD, TOM POB 2109, 1200 TAMPA AVE LABELLE FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMSON, JOHN 220 PARK AVENUE LABELLE FL	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HENRICKSON, NANCY 769 FT THOMPSON RD LABELLE FL 33935	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/99)

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 REQUIRED MELVIN KARAU PRESIDENT 1/22/00 863-675-4063
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #