

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10002

1. Entity Name

THE FIRST EVANGELICAL LUTHERAN CHURCH OF NEW POR

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90115 050 ****61.25

Principal Place of Business

Mailing Address

6414 DELAWARE AVE.
 NEW PORT RICHEY FL 34653
 US

6414 DELAWARE AVE.
 NEW PORT RICHEY FL 34653-3812
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2611469

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

SMITH-WEBB, MARY BETH
 6414 DELAWARE AVE.
 NEW PORT RICHEY FL 34653

Name **FISCHER, REV. JAMES H.**

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

11722 N. EDISON AVE.

City

TAMPA

FL

Zip Code

33612

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

James H. Fischer
 Signature, typed or printed name of registered agent and title if applicable.

REV. JAMES H. FISCHER

(NOTE: Registered Agent signature required when reinstating)

3/20/2000
 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 **P** ☒ Delete
 NAME **SMITH-WEBB, MARY BETH**
 STREET ADDRESS **6930 BRAMBLEWOOD DR.**
 CITY-ST-ZIP **PORT RICHEY FL**

TITLE **P** ☐ Change ☒ Addition
 NAME **FISCHER, REV. JAMES**
 STREET ADDRESS **11722 N. EDISON AVE.**
 CITY-ST-ZIP **TAMPA, FL 33612**

TITLE **VP** ☒ Delete
 NAME **BLADWIN, WILLIAM**
 STREET ADDRESS **3333 MEXICALI ST**
 CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **VP** ☒ Change ☒ Addition
 NAME **STRAND, DALE**
 STREET ADDRESS **7921 DEER FOOT DRIVE**
 CITY-ST-ZIP **NEW PORT RICHEY, FL 34653**

TITLE **TD** ☐ Delete
 NAME **MILLER, MARY A**
 STREET ADDRESS **5626 BLUE HARBOR DR.**
 CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **TD** ☐ Change ☒ Addition
 NAME **MANN, EVERETT B.**
 STREET ADDRESS **5735 PINECREST**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE **D** ☐ Delete
 NAME **ALBRECHT, WILHELMINE**
 STREET ADDRESS **6420 WOODLAND AVE.**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE **SD** ☐ Change ☒ Addition
 NAME **ROARK, HELEN**
 STREET ADDRESS **5843 WESTLAKE**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE **D** ☐ Delete
 NAME **GOGUEN, EUNICE**
 STREET ADDRESS **6445 RIDGECREST DR.**
 CITY-ST-ZIP **PORT RICHEY FL 34688**

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

TITLE **D** ☐ Delete
 NAME **BEYRITZ, ROSE**
 STREET ADDRESS **5051 MANOR DR**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE ☐ Change ☐ 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:

James H. Fischer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/20/2000
(727) 849-1520