

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90061 040 ****70.00

DOCUMENT # C10002.

1. Entity Name

THE FIRST EVANGELICAL LUTHERAN CHURCH OF NEW POR

Principal Place of Business

**6414 DELAWARE AVE.
NEW PORT RICHEY FL 34653
US**

Mailing Address

**6414 DELAWARE AVE.
NEW PORT RICHEY FL 34653
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

59-2611469

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

**FISCHER, REV. JAMES H
11722 N. EDISON AVE.
TAMPA FL 33612**

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 \$61.25**

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 **FISCHER, REV. JAMES**
STREET ADDRESS **11722 N. EDISON AVE.**
CITY-ST-ZIP **TAMPA FL 33612**

TITLE **(P) BALDWIN, MARION** ☐ Change ☒ Addition
NAME
STREET ADDRESS **5923 FLORIDA AVE**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

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

TITLE **(D) STEVE THIELEMAN** ☐ Change ☒ Addition
NAME
STREET ADDRESS **6218 DELAWARE AVE.**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34653**

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

TITLE **(S) ROARK, HELEN** ☐ Change ☒ Addition
NAME
STREET ADDRESS **5843 WEST LAKE**
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 **(D) BOLLER, ANNICKI** ☐ Change ☒ Addition
NAME
STREET ADDRESS **3545 MARTELL ST.**
CITY-ST-ZIP **NEWPORT RICHEY, FL 34655**

TITLE **D** ☐ Delete
NAME **GOGUEN, EUNICE**
STREET ADDRESS **6445 RIDGECREST DR.**
CITY-ST-ZIP **PORT RICHEY FL 34668**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01 (727) 849-1520

Date

Daytime Phone #

CR2E037 (10/00)