## 2002 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # C10010**

1. Entity Name

NAME

STREET ADDRESS

## ABIDING SAVIOR LUTHERAN CHURCH OF FORT LAUDERDAL E, FLORIDA

Principal Place of Business 1900 SOUTHWEST 35TH AVENUE FT. LAUDERDALE FL 33312

Mailing Address

1900 SOUTHWEST 35TH AVENUE FT. LAUDERDALE FL 33312

2. Principal Place of Business	3. Mailing Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			
City & State	City & State			
7ip				

**FILED** Aug 21, 2002 8:00 am Secretary of State

08-21-2002 90094 013 \*\*\*\*61.25



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2. Principal	Principal Place of Business 3. Mailing Address						
Suite, Ap	Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & St	City & State City & State			4. FEI Number	50-1018810		
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required			
<u> </u>	6. Name and Address of Curre	nt Registered Agent		7. Name and Addr	ess of New Registered		
			Name	The state of the s	ses of Hew neglatered	- Igent	
MEADE, BARBARA 1243 S.W. 29TH TERRACE			Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
	DERDALE FL 33312		City		FL	Zip Code	
the above	e named entity submits this statement ations of registered agent.	for the purpose of changing its	registered office or regis	stered agent, or both, in th	e State of Florida. I am i	amiliar with, and accept	
IGNATURE	BARBARA MEAD	E Pas Ba	ala a	. 0.			
- CONTONE	Signature, typed or printed name of registered age		E: Registered Agent signature requ	ired when reinstating)	DATE		
After September 13, 2002, 9. Election Campaign Find Trust Fund Contribution Trust Fund Contribution				\$5.00 May Be Added to Fees			
)	OFFICERS AND D	IRECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIF	ECTORS IN 10	
LE	PD	Delete	TITLE PL	`			
ME	MAXWELL, GUY	223000	NAME BO	RBARA ME	\ <del></del>	Change .	
REET ADDRESS	3340 S.W. 17TH STREET		STREET ADDRESS /12	43 SWZA TE	100		
Y-ST-ZIP	FT. LAUDERDALE FL 33312						
LE .	SD SD			r. land, FL.	33312		
ME .	NESTLER, DIANA	Delete	LILTE ASD	us south	_	∠ Change	
REET ADDRESS			1.00	re scott	, <u>.e</u> (	′	
urri Vonuego	7.160.NW 11:PLACE	<del>~</del> − 14, − 1	STREET ADDRESS. 5 3	50 NW 77 C			

TIT NA STE CITY-ST-ZIP POMPANOBEACH, FL 33073 PLANTATION FL 33313 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition SUAREZ, ROGER NAME STREET ADDRESS 3549 SW 16TH COURT STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33312 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME WING, HELEN NAME Roger Sugrez STREET ADDRESS 450 N.W. 86TH TERRACE, #101 STREET ADDRESS 3549 SW 16 Com CITY-ST-ZIP FT LAUDERDALE FL 33324 CITY-ST-ZIP KT. LAUD. FL TITLE PD ☐ Delete TITLE DUIN UDJH ☐ Change ☐ Addition NAME MEADE, BARBARA NAME 450 NW 88 TER 101 STREET ADDRESS 1243 S.W. 29TH TERRACE STREET ADDRESS FT. LOUDERMILE, FI 33324 CITY-ST-ZIP FT LAUDERDALE FL 33312 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filling 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.

NAME

STREET ADDRESS CITY-ST-ZIP

7/3402 954583.3539 SIGNATURE: OMEDDE, Pres.