2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10012

C10012

1. Entity Name

CHRIST LUTHERAN CHURCH OF JACKSONVILLE, FLORIDA

FILED

00 JUL -5 PM 6:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
7576 SAN JOSE BLVD JACKSONVILLE FL 32217	7576 SAN JOSE BLVD JACKSONVILLE FL 32217-3568

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 59-0979765 ☐ 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
ENQUIST, WALTER R 112 VILLAGE GREEN AVE JACKSONVILLE FL 32259	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 Walter R. Enquist Walter R. Enquist Pastor 4-30-00

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	VP RICKS, PAT 9230 HECKSCHER DR JACKSONVILLE FL 32226	☐ Delete	P	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SMITH, DON 5663 GREENLAND RD JACKSONVILLE FL 32258	☐ Delete	DA 1000033349811--1 -07/25/00--01049--008 *****61.25 *****61.25	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MAYER, JOHN 3714 MARIANNE RD JACKSONVILLE FL 32217	☒ Delete	T ~~SANDY CHANSLER~~ ~~9325 Southern Trace~~ ~~Jacksonville, FL 32257~~ Roy Batterman 10747 Losco Junction Dr Jacksonville, FL 32257	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WILLIAMS, NORMA 3073 AMELIA DR. JACKSONVILLE FL 32257	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DA WARD, ROBERT 4032 SAN CLERC RD JACKSONVILLE FL 32217	☒ Delete	VP Robert Frank 11323 English Moss Lane Jacksonville, FL 32257	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FS MAYER, JOHN 3714 MARIANNA RD JACKSONVILLE FL 32217	☒ Delete	FS Martha Ueblacker 4318 Spoon Hollow Ln. Jacksonville, FL 32217 SP	☐ Change ☒ Addition

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: ~~Roy C. Batterman~~ Roy C. Batterman 4-30-00 904-262-0728 x2

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #