

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10181

1. Entity Name

THE EVANGELICAL LUTHERAN CHURCH OF THE HOLY COMF

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90906 050 ****61.25

Principal Place of Business 10255 PARADISE BLVD TREASURE ISLAND FL 33706-3128	Mailing Address 10255 PARADISE BLVD TREASURE ISLAND FL 33706-3128
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2397014	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PIEPER, PAUL F REV
11325 7TH ST E
TREASURE ISLAND FL 33706-3037

7. Name and Address of New Registered Agent

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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT PIEPER, PAUL F. W. 11325 7TH ST E TREASURE ISLAND FL 33706	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CLARK, GEORGE 10355 PARADISE BLVD #511 TREASURE ISLAND FL 33706	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT CLARK, GEORGE 10355 PARADISE BLVD, #511 TREASURE ISLAND FL 33706	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KOELSCH, SHARON 3157 64TH WAY N ST PETERSBURG FL 33710	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT HOVIOUS, ELIZABETH 450 TREASURE ISLAND CAUSEWAY, #303 TREASURE ISLAND FL 33706	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT STAJICH, SIBYLLE 1847 SHORE DR. S. SOUTH PASADENA, FL 33707	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT FOX, JUDITH 8 ISLAND DR. TREASURE ISLAND, FL 33706	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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

Date: **4-28-00** (727) 363-5739
Daytime Phone #

CR2E037 (9/99)