


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90166 008 ****61.25

DOCUMENT # C10181

1. Entity Name
THE EVANGELICAL LUTHERAN CHURCH OF THE HOLY COMF ORTER



Principal Place of Business
**10255 PARADISE BLVD
TREASURE ISLAND FL 33706-3128**

Mailing Address
**10255 PARADISE BLVD
TREASURE ISLAND FL 33706-3128**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country
Pinellas Pinellas



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2397014** Applied For
Not Applicable

5. Certificate of Status Desired **\$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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PIEPER, PAUL F. W.		NAME	
STREET ADDRESS 11325 7TH ST E		STREET ADDRESS	
CITY-ST-ZIP TREASURE ISLAND FL 33706		CITY-ST-ZIP	
TITLE TI	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STAJICH, SIBYLLE H		NAME	
STREET ADDRESS 1847 SHORE DRIVE S, STE 315		STREET ADDRESS	
CITY-ST-ZIP SOUTH.PASADENA FL 33707		CITY-ST-ZIP	
TITLE VT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FLIEMAN, JOHN		NAME	
STREET ADDRESS 4 MANGROVE POINTE		STREET ADDRESS	
CITY-ST-ZIP TREASURE ISLAND FL 33706		CITY-ST-ZIP	
TITLE ST	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FLIEMAN, JODY		NAME	ST
STREET ADDRESS 4 MANGROVE POINTE		STREET ADDRESS	Koelsch, Sharon
CITY-ST-ZIP SAINT PETERSBURG FL 33706		CITY-ST-ZIP	3157 64thWay N. St. Petersburg, FL 33710
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Paul F. W. Pieper*
SIGNATURE REQUIRED

4/28/03 727-360-5720

CR2E037 (10/02)