

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

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90128 010 ****61.25

DOCUMENT # F96000002726

1. Entity Name

LUTHERANS IN JEWISH EVANGELISM, INC.



Principal Place of Business

**7207 MONETARY DR.
ORLANDO FL 32809**

Mailing Address

**7207 MONETARY DR.
ORLANDO FL 32809**

79012591

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 **93-0810456**

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

**LIESKE, REV. BRUCE J
7207 MONETARY DR.
ORLANDO FL 32809**

Name

Rev. D. Michael Heckbandt

Street Address (P.O. Box Number is Not Acceptable)

7207 Monetary Dr.

City

Orlando

FL

Zip Code

32809

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	D	<input type="checkbox"/> Delete
NAME	EINEM, ED	
STREET ADDRESS	37625 BRISTOL AVE.	
CITY-ST-ZIP	LIVONIA MI 48154	
TITLE	CD	<input type="checkbox"/> Delete
NAME	KOLB, ERWIN	
STREET ADDRESS	12429 MATTHEWS LN	
CITY-ST-ZIP	SAINT LOUIS MO. 63127	
TITLE	V/D	<input type="checkbox"/> Delete
NAME	DWORKIN, GENE	
STREET ADDRESS	2409-7 BRIDLE PATH LN	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	MD	<input checked="" type="checkbox"/> Delete
NAME	LIESKE, BRUCE J	
STREET ADDRESS	7207 MONETARY DR	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PEARLMAN, MARTIN	
STREET ADDRESS	698 INDIANA ST	
CITY-ST-ZIP	HOWELL MI 48843	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALL, SUZANNE	
STREET ADDRESS	11095 BUSCH RD	
CITY-ST-ZIP	BIRCH RUN MI 48415	

TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEMPLE, MARY LOU	
STREET ADDRESS	30695 OAKLEAF LANE	
CITY-ST-ZIP	FRANKLIN MI 48025	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REED, ROBERT	
STREET ADDRESS	5219 LOWELL RD	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rev. D. Michael Heckbandt	
STREET ADDRESS	7207 Monetary Dr.	
CITY-ST-ZIP	Orlando, FL 32809	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, SUZANNE	
STREET ADDRESS	11095 BUSCH RD	
CITY-ST-ZIP	BIRCH RUN MI 48415	

CR2E037 (10/02)

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:

Rev. D. Michael Heckbandt

1/15/2003 (407) 857-5556