

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90192 045 ****61.25

DOCUMENT # N00149

1. Entity Name

ST. MARK'S LUTHERAN CHURCH OF HOLLYWOOD, FLORIDA

Principal Place of Business

Mailing Address

C/O JAMES ESSING Essig
502 N. 28TH AVE.
HOLLYWOOD FL 33020
US

C/O JAMES ESSING Essig
502 N. 28TH AVE.
HOLLYWOOD FL 33020-3811
US

701956



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0879962

Applied For

Not Applicable

Zip

Country

Zip

Country

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

VEHLING JAMES J. (REV.)
502 N. 28TH AVE.
HOLLYWOOD FL 33020

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
 NAME CERCL, JAMES
 STREET ADDRESS 348 NW 106 TERR
 CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE PD ☐ Change ☐ Addition
 NAME Carol Jones Correction
 STREET ADDRESS 249 NW 106 Terrace
 CITY-ST-ZIP Pembroke Pines, FL 33026

TITLE VD ☐ Delete
 NAME HUGHES, NANCY
 STREET ADDRESS 6540 SCOTT ST
 CITY-ST-ZIP HOLLYWOOD FL 33024

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD ☐ Delete
 NAME LARSEN, KURT
 STREET ADDRESS 5810 SW 36 TERR
 CITY-ST-ZIP FT LAUD FL 33312

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE T ☐ Delete
 NAME EVANLIEG, KAREN
 STREET ADDRESS 772 NE 72ND TERR
 CITY-ST-ZIP MIAMI FL

TITLE T ☐ Change ☐ Addition
 NAME Karen Parn Correction
 STREET ADDRESS 2730 NE 183 ST TH#2
 CITY-ST-ZIP North Miami Beach, FL 33160

TITLE S ☐ Delete
 NAME MILLS, MARILYN
 STREET ADDRESS 21235 NE 9TH CT #2
 CITY-ST-ZIP N MIAMI FL 33179

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

Signature of Carol Jones
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/6/00 954/922-7572

CR2E037 (9/99)