

2001 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED

Feb 13, 2001 8:00 am
Secretary of State

01-24-2001 90091 013 ****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 Kristy Friedman
502 N. 28TH AVE.
HOLLYWOOD FL 33020
US

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

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

59-0879962

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

Name

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

City

FL

Zip Code

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

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JONES, CAROL	
STREET ADDRESS	348 NW 108 TERR	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HUGHES, NANCY	
STREET ADDRESS	8540 SCOTT ST	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LARSEN, KURT	
STREET ADDRESS	5810 SW 36 TERR	
CITY-ST-ZIP	FT LAUD FL 33312	
TITLE	T	<input type="checkbox"/> Delete
NAME	PARN, KAREN	
STREET ADDRESS	772 NE 72ND TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MILLS, MARILYN	
STREET ADDRESS	21235 NE 9TH CT #2	
CITY-ST-ZIP	N MIAMI FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Meighen, Debbie	
STREET ADDRESS	3636 NW 78 Terr	
CITY-ST-ZIP	Davie, FL 33024	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Agriesti, Marcia	
STREET ADDRESS	2242 Wilson St.	
CITY-ST-ZIP	Hollywood, FL 33020	
TITLE	VP	<input checked="" 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		

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:

Marcia Agriesti Treasurer

Date

1-12-01

Daytime Phone #

954-922-7568

CR2E037 (10/00)