

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00884

1. Entity Name

CHURCH OF THE REDEEMER OF ST. LUCIE COUNTY, INC.

Principal Place of Business

3891 EDWARDS ROAD  
FT. PIERCE FL 34981

Mailing Address

3891 EDWARDS ROAD  
FT. PIERCE FL 34981

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

59-2373471

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

8. Name and Address of Current Registered Agent

DAVENPORT, LESILE  
338 NE GREENBRIER AVE  
PORT ST LUCIE FL 34983

7. Name and Address of New Registered Agent

Name Michael A. Baumgardner

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

2929 Nicholas Road

City Ft. Pierce

FL

Zip Code 34982

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

Michael A. Baumgardner, President Michael A. Baumgardner 3/29/01

1-29-2001

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  
NAME BAUMGARDNER, MICHAEL A  
STREET ADDRESS 2929 NICHOLAS RD.  
CITY-ST-ZIP FT. PIERCE FL 34982 ☐ Delete

TITLE TD  
NAME PLATTS, NORMAN W.  
STREET ADDRESS 2953 SEMINOLE RD.  
CITY-ST-ZIP FT. PIERCE FL 34951 ☐ Delete

TITLE SD  
NAME DAVENPORT, LESILE  
STREET ADDRESS 338 NE GREENBRIER AVE  
CITY-ST-ZIP PORT ST LUCIE FL ☒ Delete

TITLE VPD  
NAME LEWIS, LEON  
STREET ADDRESS 4220 MCCARTY  
CITY-ST-ZIP FT PIERCE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Acting Secretary  
NAME Leon B. Heffelfinger  
STREET ADDRESS 1215 York Dr.  
CITY-ST-ZIP Ft. Pierce, FL 34982 ☐ Change ☒ Addition

TITLE Board member  
NAME DC Nelson  
STREET ADDRESS 123 Osceola Blvd.  
CITY-ST-ZIP Ft. Pierce, FL 34982 ☐ Change ☒ Addition

TITLE Board member  
NAME C. Gregg Moore  
STREET ADDRESS 622 E. Pines Knoll Dr.  
CITY-ST-ZIP Ft. Pierce, FL 34982 ☐ Change ☒ Addition

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

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

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

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:

Michael A. Baumgardner  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-01

Date

1-561 466 8100

Daytime Phone #

CR2E037 (10/00)