

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00884

1. Entity Name

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

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90878 030 ****61.25

0090798

Principal Place of Business

Mailing Address

3891 EDWARDS ROAD
FT. PIERCE FL 34981

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAUMGARDNER, MICHAEL A
2929 NICHOLAS RD
FORT PIERCE FL 34982

Name
← SAME

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

Michael A Baumgardner
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/18/02
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
NAME BAUMGARDNER, MICHAEL A ☐ Delete
STREET ADDRESS 2929 NICHOLAS RD.
CITY-ST-ZIP FT. PIERCE FL 34982

TITLE D. ☐ Change ☒ Addition
NAME Darron S. Baumgardner
STREET ADDRESS 1161 SW Curtis Street
CITY-ST-ZIP Port St. Lucie, FL. 34983

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

TITLE D ☐ Change ☒ Addition
NAME Clyde Heffelfinger
STREET ADDRESS 1008 Echo Street
CITY-ST-ZIP Ft. Pierce, FL. 34982

TITLE SD ☐ Delete
NAME HEFFELFINGER, LEON B
STREET ADDRESS 1215 YORK DR
CITY-ST-ZIP FORT PIERCE FL 34982

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

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

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

TITLE D ☒ Delete
NAME NELSON, D C
STREET ADDRESS 123 OSCEOLA BLVD
CITY-ST-ZIP FORT PIERCE FL 34982

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

TITLE D ☒ Delete
NAME MOORE, C.GREGG
STREET ADDRESS 622 C PINES KNOLL DR
CITY-ST-ZIP FORT PIERCE FL 34982

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: *Michael Baumgardner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-02 772-466-8100
Date Daytime Phone #

CR2E037 (9/01)