FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 27, 2001 8:00 am **DOCUMENT # N15397 Secretary of State** 1. Entity Name 02-27-2001 90324 042 ****61.25 HOLY SPIRIT LUTHERAN CHURCH, INC. Principal Place of Business Mailing Address 13301 ELLISON WILSON RD 13301 ELLISON WILSON RD JUNO BEACH FL 33408-2160 JUNO BEACH FL 33408-2160 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2586512 Not Applicable Zip \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent branst goste Street Address (P.O. Box Number is Not Acceptable) **GRIFFIS, LINDA** 112 PRINCEWOOD LN ASCOTT ROOK PALM BEACH GARDENS FL 33410 Zip Code 33408 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 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 President - D TITLE PD Addition Delete Steve Jerawid NAME GRIFFIS, LINDA NAME 1969 ASCOTT Road STREET ADDRESS 112 PRINCEWOOD LN STREET ADDRESS Juno Islas, FL 33408 CITY-ST-ZIP PALM BEACH GARDENS FL 33410 CITY-ST-ZIP secretary - D Delete TITLE TITLE ☐ Change Addition Karla Dailing NAME HUNTER, NANCY NAME 179 Ocean Pines Terrace STREET ADDRESS STREET ADDRESS 301-D SEA OATS DR Lupiter, FL 33477 CITY-ST-ZIP CITY-ST-ZIP JUNO BEACH FL 33408 DV_ TITLE Change ☐ Addition TITLE Delete. NAME METZING, KEN NAME STREET ADDRESS 5841 ROEBUCK RD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Jupiter FL 33458 Treasurer - 0 TITLE Delete. TITLE Change Addition tom Davis 9182 SE Parkway De NAME JONES, LINDA NAME 13373 MILES STANDISH PORT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Hobe Sound , FL 33455 PALM BEACH GARDENS FL 33410 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR