

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15397

1. Entity Name

HOLY SPIRIT LUTHERAN CHURCH, INC.

Principal Place of Business

13301 ELLISON WILSON RD
JUNO BEACH FL 33408-2160

Mailing Address

13301 ELLISON WILSON RD
JUNO BEACH FL 33408-2160

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

59-2586512

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

JERALULD, STEVE
1969 ASCOTT ROAD
JUNO ISLES FL 33408

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

2-02-02

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 JERALULD, STEVE
STREET ADDRESS 1969 ASCOTT ROAD
CITY-ST-ZIP JUNO ISLES FL 33408 ☐ Delete

TITLE SD
NAME DAILING, KARLA
STREET ADDRESS 179 OCEAN PINES TERRACE
CITY-ST-ZIP JUPITER FL 33477 ☐ Delete

TITLE DV ☒ Delete
NAME METZING, KEN
STREET ADDRESS 5841 ROEBUCK RD
CITY-ST-ZIP JUPITER FL 33458

TITLE TD ☒ Delete
NAME DAVIS, TOM
STREET ADDRESS 9182 SE PARKWAY DR.
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE DV ☐ Change ☒ Addition
NAME mark Outlaw
STREET ADDRESS 126 Peabody Dr
CITY-ST-ZIP Jupiter, FL 33458

TITLE TD ☐ Change ☒ Addition
NAME John Vaccaro
STREET ADDRESS 709 Jacana Way
CITY-ST-ZIP North Palm Beach FL 33408

TITLE ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-02

Date

561-624-9663

Daytime Phone #

CR2E037 (9/01)