(UBR)

2000 UNIFORM BUSINESS R.

DOCUMENT # N16100

1. Entity Name

ST. PETER'S EVANGELICAL LUTHERAN CHURCH OF ORANG

1614 BLANDING BLVD. P.O.BOX 898

Principal Place of Business

Mailing Address

1614 BLANDING BLVD. P.O.BOX 896

2. Principal Place of Business		3. Mailing Address	•				
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc. City & State					

FILED May 22, 2000 8:00 am Secretary of State

04-20-2000 90055 016 ****61.25

ORANGE PARK FL 32067-7898		ORANGE PARK FL 32067-0898			A DECEMBER AND CORRESPONDED HERVE BROWN RADIO RECENT DECEMBER AND PART BURGET RECENT ALBERT ALBERT ALBERT ALBERT					
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State			4. FEI Number 59-2351739			Applied For Not Applicable		
Zip	Country	Zip	Country		5. Certificate of	Status Desired		.75 Addit		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
:Ne										
BRANDT, V	7986		Street Address		(P.O. Box Number is Not Acceptable)					
Starke Fl	32091		City	у		 	FL	Zip Code		
8. The above	named entity submits this statement for	or the purpose of changing its	registered offi	ice or register	ed agent, or both,	in the state of Flori	da.	·		
SIGNATURE (5) Walter B Signature, typed or printed name of registered again	and title if applicable. (NOTE	s: Registered Agant	t signature required	when reinstating)	4	- 16 ·	-00		
FILE NOW: FEE IS \$61.25				.00 May Be Make Check Payable to ded to Fees Department of State						
10.	OFFICERS AND D		11.			NGES TO OFFICER				
TITLE	IR LANCE, LEWIS	Delete	-		stea	4	1	Change	Addition	
NAME STREET ADDRESS	1974 SUSSEX DR. E.		name Street add		rid Wai		. -5 4			
CITY-ST-ZIP	ORANGE PARK FL 32073		CITY-ST-ZI	A 7 7	caned Da	Drive Wa	82073	3		
TITLE	D	☐ Delete	TITLE 1	E Da	charge av	- Director		E Change	Addition	
NAME	BRANDT, WALTER		NAME	630	Dimne	m. T. I	_			
STREET ADDRESS			STREET ADE	IUDIACSS C						
CITY-ST-ZIP	STARKE FL:.;		CITY-ST-ZI			Juga to				
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NAME STREET ADDRESS	4169 APPALOOSA RD		STREET ADE		Bitteroot					
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NAME	CROSS, DOUG	~ ~~~~~	NAME	art	Barke	<u>.</u>		•		
STREET ADDRESS	4965 BARKWOOD LANE		STREET ADS	DRESS 540	o Collin	a Rd 441	•			
CHY-ST-ZIP	MIDDLEBURG FL 32068		CITY-ST-Z	IP fac	kronvi	Ua Fl	3224	4		
TITLE	OLCON MECH	Defete		Tina	asure]	Change	☐ Addition	
NAME	OLSON, VIRGIL 4169 APPALOOSA RD		NAME	Bu	in Say	ر <u>برسر</u>				
STREET ADDRESS CITY-ST-ZIP	MIDDLEBURG FL 32068		STREET ADI	UNESS 6//	Vald 1	rest D.		•		
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TITLE NAME		☐ Delete	TITY (1)	C Sta	Marin	ungtor		Change	Addition	
STREET ADDRESS	ļ		NAME STREET AD	DRESS 103	Matte		2			
CITY-ST-ZIP			CITY-ST-Z	P U	7 Bluely	onype u	(13×0)	> 3		
	certify that the information supplied wi	ith this filing does not qualify fo			ection 119 07/31/i). Florida Statutes I	<u> </u>		oformation	
indicated	certify that the information supplied wi d on this report or supplemental report	is true and accurate and that	my signature	shall have the	same legal effect	as if made under o	oath: that i an	an officer	or director	

of the corporation of 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 a property like empowered.