

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16100

1. Entity Name

ST. PETER'S EVANGELICAL LUTHERAN CHURCH OF ORANGE PARK, FLORIDA, INC.

Principal Place of Business

1614 BLANDING BLVD.
MIDDLEBURG FL 32068

Mailing Address

1614 BLANDING BLVD.
P.O. BOX 898
MIDDLEBURG FL 32068

2. Principal Place of Business

3. Mailing Address

1614 BLANDING BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIDDLEBURG FL

Zip

Country

Zip

Country

32068

4. FEI Number

59-2351739

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

BRANDT, WALTER
RT 5 BOX 7986
STARKE FL 32091

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

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

T
NAME SNOW, BRIAN
STREET ADDRESS 6117 ISLAND FOREST DR
CITY-ST-ZIP ORANGE PARK FL 32073 ☐ Delete

☐ Change ☐ Addition

D
NAME BRANDT, WALTER
STREET ADDRESS RT 5 BOX 7986
CITY-ST-ZIP STARKE FL ☐ Delete

☐ Change ☐ Addition

S
NAME PAGAN, DEBORAH
STREET ADDRESS 45 BITTERROOT AVE
CITY-ST-ZIP MIDDLEBURG FL 32068 ☐ Delete

☐ Change ☐ Addition

C
NAME ERICKSON, RANDY
STREET ADDRESS 426 OLDFIELD DR
CITY-ST-ZIP ORANGE PARK FL 32073 ☐ Delete

☐ Change ☐ Addition

D
NAME MATTINGLY, DAN
STREET ADDRESS 1824 BLUEBONNET WAY
CITY-ST-ZIP ORANGE PARK FL 32073 ☐ Delete

☐ Change ☐ Addition

D
NAME WESSEL, PHIL
STREET ADDRESS 6143 ISLAND FOREST DR
CITY-ST-ZIP ORANGE PARK FL 32073 ☐ Delete

☐ 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: *x Walter Brandt* WALTER BRANDT

4-1-02 (904) 282-8876

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/01)