2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N18163 May 18, 2000 8:00 am 1. Entity Name **Secretary of State** THE LORD OF LIFE LUTHERAN CHURCH OF PONTE VEDRA 05-18-2000 90351 050 ****61.25 Principal Place of Business Mailing Address 375 SOLANA RD 375 SOLANA RD PONTE VEDRA BEACH FL 32082-2547 PONTE VEDRA BEACH FL 32082 2. Principal Place of Business 3. Mailing Address 276N. Roscoe Blvd. 276 N. Roscoe Blvd Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Ponte City & State 4. FEI Number Applied For 59-2774932 Vedra Beach, FL Ponte Vedra Beach, FL Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired 32082 Fee Required St. Johns 32082 <u>Johns</u> 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) TANTON, CINDY **8 KINGFISH AVENUE** PONTE VEDRA BEACH FL 32082 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Addition TIT! F ☐ Delete TITLE HALL, GRETCHEN NAME NAME 534 AQUATIC DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ATLANTIC BEACH FL 32233 CITY-ST-7IP PD Addition Delete TITLE ☐ Change TITLE TANTON, CINDY NAME NAME **8 KINGFISH AVE** STREET ADDRESS STREET ADDRESS PONTE VEDRA BEACH FL 32082 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE FISHER, JESSICA NAME **528 AQUATIC DR** STREET ADDRESS STREET ADDRESS ATLANTIC FL 32233 CITY-ST-ZIP CITY-ST-ZIP X Change X Delete ☐ Addition TITLE TITLE JONES, KEN Donald DelleDonne 100 Formosa Place NAME NAME 101 INDIAN COVE LANE STREET ADDRESS STREET ADDRESS PONTE VEDRA BCH FL. CITY-ST-ZIP Ponte Vedra Beach, 32082 CITY-ST-ZIP Delete Change Addition TITLE ALLEN, FRANK NAME NAME 600 IRONWOOD APT 611 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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

nent with an address, with all other like empowered

changed, or on an attachi

SIGNATURE: