

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90085 018 ****61.25

DOCUMENT # N18316

1. Entity Name

NATIVITY LUTHERAN CHURCH OF SPRING HILL, INC.

Principal Place of Business

Mailing Address

6363 COMMERCIAL WAY
 WEEKI WACHEE FL 34613
 US

6363 COMMERCIAL WAY
 WEEKI WACHEE FL 34613-6353
 US

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

59-2584667

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~DIEDRICH, ARTHUR M.
 6363 COMMERCIAL WAY
 WEEKI WACHEE FL 34613~~

Name **GRANT, Theron A**
 Street Address (P.O. Box Number is Not Acceptable)
6363 COMMERCIAL WAY
 City **Weeki Wachee** FL Zip Code **34613**

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 **Theron A Grant** *Theron A Grant* **4-20-00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	GRANT, THERON	
STREET ADDRESS	47 EUPHORBIA <i>Address</i>	
CITY-ST-ZIP	HOMOSASSA FL 34448 <i>Change</i>	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ALT, ARTHUR	
STREET ADDRESS	7415 FIRST CIRCLE DR.	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HOREIS, ERNST	
STREET ADDRESS	11073 CHERRYWOOD CT.	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, JOHN H	
STREET ADDRESS	14032 BRUNT DR.	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE	AT	<input type="checkbox"/> Delete
NAME	HANNEMAN, LESTER A.	
STREET ADDRESS	9618 BEARFOOT TRAIL	
CITY-ST-ZIP	WEEKI WACHEE FL 34613	
TITLE	<i>FINANCIAL SECRETARY</i>	<input type="checkbox"/> Delete
NAME	<i>Robert Drach</i>	
STREET ADDRESS	<i>8152 SUGARBUSH DR</i>	
CITY-ST-ZIP	<i>Spring Hill FL 34606</i>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>11423 KINGSTREE CT</i>	
CITY-ST-ZIP	<i>Spring Hill FL 34609</i>	
TITLE	<i>VP</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Richard Signor</i>	
STREET ADDRESS	<i>7433 HARVARD HILLS PLACE</i>	
CITY-ST-ZIP	<i>Spring Hill FL 34606</i>	
TITLE	<i>Treasurer</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>BARBARA CRISANTI</i>	
STREET ADDRESS	<i>7479 SOUTH HAMPTON ROAD</i>	
CITY-ST-ZIP	<i>Spring Hill FL 34606</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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: *Theron A Grant* **Theron A Grant** **666-7394**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)