

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90051 013 ****61.25

0078813

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
 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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRANT, THERON A
6363 COMERCIAL WAY
WEEKI WACHEE FL 34613

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

Theron A Grant

Theron A Grant

2/16/01

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

TITLE Delete
 NAME **PD GRANT, THERON**
 STREET ADDRESS **11423 KINGSTREE CT**
 CITY-ST-ZIP **SPRINGHILL FL 34609**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD HOREIS, ERNST**
 STREET ADDRESS **11073 CHERRYWOOD CT.**
 CITY-ST-ZIP **SPRING HILL FL 34609**

TITLE Change Addition
 NAME *see sb*
RICHARD SIGNOR
 STREET ADDRESS **7433 HARVARD HILLS PLACE**
 CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE Delete
 NAME **AT HANNEMAN, LESTER A.**
 STREET ADDRESS **9618 BEARFOOT TRAIL**
 CITY-ST-ZIP **WEEKI WACHEE FL 34613**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME *T* **BARBARA CRISANTI**
 STREET ADDRESS **7479 SOUTHAMTON RD**
 CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 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:

Theron A Grant

2/16/01

Date

352/666-7394

Daytime Phone #

CR2E037 (10/00)