

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90033 045 ****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
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2584667

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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	PD	<input checked="" type="checkbox"/> Delete
NAME	GRANT, THERON	
STREET ADDRESS	11423 KINGSTREE CT	
CITY-ST-ZIP	SPRINGHILL FL 34609	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	HANNEMAN, LESTER A.	
STREET ADDRESS	9618 BEARFOOT TRAIL	
CITY-ST-ZIP	WEEKI WACHEE FL 34613	
TITLE	S/D	<input type="checkbox"/> Delete
NAME	SIGNOR, RICHARD	
STREET ADDRESS	7433 HARVARD HILLS PLACE	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	T	<input type="checkbox"/> Delete
NAME	CRISANTI, BARBARA	
STREET ADDRESS	7479 SOUTHAMPTON RD	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD MASON	
STREET ADDRESS	14468 SURREY BEND	
CITY-ST-ZIP	BROOKSVILLE FL 34609	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LILO HOREIS	
STREET ADDRESS	11073 CHERRYWOOD CT	
CITY-ST-ZIP	SPRING HILL FL 34609	
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		
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)(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: Barbara Crisanti **BARBARA CRISANTI TREAS** 2-25-02 352/597-1456
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)