

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20400

1. Entity Name

GRACE LUTHERAN CHURCH OF ARCADIA, INC.

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90016 032 ****61.25

Principal Place of Business WEST OAK ST (RTE #70W) BOX 1753 ARCADIA FL 33821	Mailing Address WEST OAK ST (RTE #70W) BOX 1753 ARCADIA FL 33821
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2. Principal Place of Business 1004 West Oak Street Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 1753 Suite, Apt. #, etc.
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City & State ARCADIA, FL	City & State ARCADIA, FL	4. FEI Number 59-2913263	Applied For <input type="checkbox"/> Not Applicable
Zip 34266	Country DESOTO	Zip 34265	Country DESOTO



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent DECKERT, CHRIST 22215 BREEZESWEPT PORT CHARLOTTE FL 33952	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 NAME STREET ADDRESS CITY-ST-ZIP	P LAROCQUE, MARILYN 1226 SE NINTH AVE ARCADIA FL 34266 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLAUSING, ANNA P.O. BOX 459 ARCADIA, FL 34265 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CLAUSING, ANNA PO BOX 459 NOCATEE FL 34268 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHRIST DECKERT 22215 Breezeswept PORT CHARLOTTE, FL 33952 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete GREENE, CAROL 2692 NE HWY 70, #129 ARCADIA FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete SD LUDETKE, CAROLYN 1327 S.E. LAKE ROAD ARCADIA FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D MILLER, FRANK 3900 HWY 72 #166 ARCADIA FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

CAROL GREENE, TREASURER

1/22/02 863-444-1136

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)