

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20522

1. Entity Name

SUNRISE LUTHERAN CHURCH OF PORT ST. JOHN, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90152 009 ****61.25

Principal Place of Business

Mailing Address

~~4725 FAY BLVD.~~ same as
~~COCOA FL 32927~~ mailing
address

4725 FAY BLVD
COCOA FL 32927-9284
US

2. Principal Place of Business

4725 FAY BLVD

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

COCOA, FL

City & State

4. FEI Number

59-2804015

Applied For

Not Applicable

Zip

32927

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

FLACHMEIER, DON
7460 N COCOA BLVD
#201
COCOA FL 32927

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 ☒ Delete
NAME HUGGINS, JIM
STREET ADDRESS 6945 PLUTO
CITY-ST-ZIP COCOA FL 32927

TITLE P/D ☐ Change ☒ Addition
NAME MAXINE JOHNSON
STREET ADDRESS 6193 CORNING RD
CITY-ST-ZIP COCOA, FL 32927

TITLE VP ☒ Delete
NAME STROHM, DAN
STREET ADDRESS 6990 BISMARCK RD
CITY-ST-ZIP COCOA FL 32927

TITLE V/D ☐ Change ☒ Addition
NAME PAT FINNEGAN
STREET ADDRESS P.O. BOX 868
CITY-ST-ZIP SHEPHERD, FL 32957

TITLE D ☒ Delete
NAME GRAY, MARK
STREET ADDRESS 4575 KINGS HWY
CITY-ST-ZIP COCOA FL 32927

TITLE D ☐ Change ☒ Addition
NAME MARJORIE DANIEL
STREET ADDRESS 6375 WEIN LANE
CITY-ST-ZIP COCOA, FL 32927

TITLE T ☒ Delete
NAME MILLS, ROBERT
STREET ADDRESS 4625 ROSEBUD ST
CITY-ST-ZIP COCOA FL 32927

TITLE T ☐ Change ☒ Addition
NAME BEVERLY MUSSELMAN
STREET ADDRESS 4415 FAY BLVD
CITY-ST-ZIP COCOA, FL 32927

TITLE D ☒ Delete
NAME MCCAULEY, JUDY
STREET ADDRESS 4155 SKYWAY DR.
CITY-ST-ZIP COCOA FL 32927

TITLE D ☐ Change ☒ Addition
NAME GRACE KEINATH
STREET ADDRESS 5270 FRUITPORT ST.
CITY-ST-ZIP COCOA, FL 32927

TITLE S ☐ Delete
NAME KORDULA, LINDA
STREET ADDRESS 6977 COLUMBINE DR
CITY-ST-ZIP COCOA FL 32926

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:

Beverly Musselman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-00

Date

321-631-7632

Daytime Phone #

CR2E037 (9/99)