

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90794 001 ****61.25

DOCUMENT # N20522

1. Entity Name

SUNRISE LUTHERAN CHURCH OF PORT ST. JOHN, INC.



Principal Place of Business

**4725 FAY BLVD
COCOA FL 32927**

Mailing Address

**4725 FAY BLVD
COCOA FL 32927
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2804015**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MUSSELMAN, BEVERLEY W
4415 FAY BLVD
PORT ST JOHN FL 32927**

7. Name and Address of New Registered Agent

Name **DAVID L. ARNESON**

Street Address (P.O. Box Number is Not Acceptable)

3635 ATLANTA ST.

City **COCOA**

FL

Zip Code **32926**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **DAVID L. ARNESON**
Signature, typed or printed name of registered agent and title if applicable

David L. Arneson
(NOTE: Registered Agent signature required when reinstating)

26 APRIL 03
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **MUSSELMAN, BEVERLEY W**
STREET ADDRESS **4415 FAY BLVD**
CITY-ST-ZIP **PORT ST JOHN FL 32927**

TITLE **VP** ☒ Delete
NAME **MOLLER, LARRY E**
STREET ADDRESS **4220 LUCIANO AVENUE**
CITY-ST-ZIP **COCOA FL 32926**

TITLE **D** ☒ Delete
NAME **DANIEL, MARJORIE**
STREET ADDRESS **6375 WEIN LANE**
CITY-ST-ZIP **COCOA FL 32927**

TITLE **T D** ☐ Delete
NAME **KEINATH, GRACE**
STREET ADDRESS **5270 FRUITPART STREET**
CITY-ST-ZIP **PORT ST JOHN FL 32955**

TITLE **S** ☒ Delete
NAME **FENTRESS, BARBARA**
STREET ADDRESS **537 NEEDLE BLVD**
CITY-ST-ZIP **MERRITT ISLAND FL 32955**

TITLE **D** ☒ Delete
NAME **KENNEDY, KATHERINE**
STREET ADDRESS **6575 BETTY AVENUE**
CITY-ST-ZIP **PORT ST JOHN FL 32927**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition
NAME **DAVID L. ARNESON**
STREET ADDRESS **3635 ATLANTA ST.**
CITY-ST-ZIP **COCOA, FL. 32926**

TITLE **VP D** ☒ Change ☐ Addition
NAME **MAXINE JOHNSON**
STREET ADDRESS **6193 CORNING RD**
CITY-ST-ZIP **PORT ST. JOHN, FL. 32927**

TITLE **D** ☒ Change ☐ Addition
NAME **LARRY E. MOLLER**
STREET ADDRESS **4220 LUCIANO AVE.**
CITY-ST-ZIP **COCOA, FL. 32926**

TITLE **D** ☐ Change ☐ Addition
NAME **URSULA FORD**
STREET ADDRESS **6300 GOLFVIEW AVE.**
CITY-ST-ZIP **PORT ST. JOHN, FL. 32927**

TITLE **SD** ☒ Change ☐ Addition
NAME **CONSTANTINE DANIEL**
STREET ADDRESS **6375 WEIN LANE**
CITY-ST-ZIP **COCOA, FL. 32927**

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: **DAVID L. ARNESON** **David L. Arneson** **26 APRIL 03** **32926**

CR2E037 (10/02)