

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

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90242 017 ****61.25

DOCUMENT # N32528

1. Entity Name
SOUTH LAKE COUNTY MINISTERIAL FELLOWSHIP, INC.



Principal Place of Business
**DANNY HARTZOG
1203 F WEST HWY 50
CLERMONT, FL 34711 US**

Mailing Address
**DANNY HARTZOG
P.O. BOX 120486
CLERMONT, FL 34711 US**

11017084

2. Principal Place of Business
1203 F West Hwy 50
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 120486
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Clermont, FL

City & State
Clermont, FL

Zip
34711

Country
USA

Zip
34712

Country
USA

4. FEI Number

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**HARTZOG, DANNY
1203 F WEST HWY 50
CLERMONT, FL 34711**

7. Name and Address of New Registered Agent

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

SIGNATURE *[Signature]* **DANNY HARTZOG President** **4/21/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when resigning) 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 NAME STREET ADDRESS CITY-ST-ZIP	PD VAN WAGNER, RICK 301 N HWY 27 CLERMONT, FL 34711	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO LANE, DOUG 101 N GRAND HWY CLERMONT, FL 34711	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HARTZOG, DANNY 1203 F WEST HWY 50 CLERMONT, FL 34711	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Bekemeyer, Jon PO Box 121281 Clermont, FL 34712	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SAUNDERS, MARK PO Box 560444 Montverde, FL 34756	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARTZOG, DANNY 1203 F West Hwy 50 Clermont, FL 34711	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

RECEIVED

APR 28 2003

DIV. OF ADMIN. SERVICES
HUMAN RESOURCES

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: *[Signature]* **DANNY HARTZOG Pres** **4/21/03** **(352)243-7505**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2037 (10/02)