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

Mailing Address

WELAKA FL 32193

3. Mailing Address

City & State

Satsuma,

Zip

32189

Suite, Apt. #, etc.

F1.

POST OFFICE BOX 375

DOCUMENT # N38731

1. Entity Name

Principal Place of Business

2. Principal Place of Business

273 County Road 309

F1.

FILE NOW: FEE IS \$61.25

PETERSON, JEROME

LATHAM, LAUREL

COOPER, MARILYN

492 LAKE COMO DR

SEASHORE, GREG

WELAKA FL 32193

LAKE COMO FL 32157

106 WILLIAM BARTRAM DR.

101 HAWAII AVE

SATSUMA FL

128 MOCKINGBIRD LANE

GEORGETOWN FL 32139

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

Putnam

273 COUNTY ROAD 309

Suite, Apt. #, etc.

City & State Satsuma,

PETERSON, JEROME

128 MOCKINGBIRD LANE **GEORGETOWN FL 32139**

the obligations of registered agent.

PD

SD

Zip 32189

SIGNATURE

10.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SATSUMA FL 32189

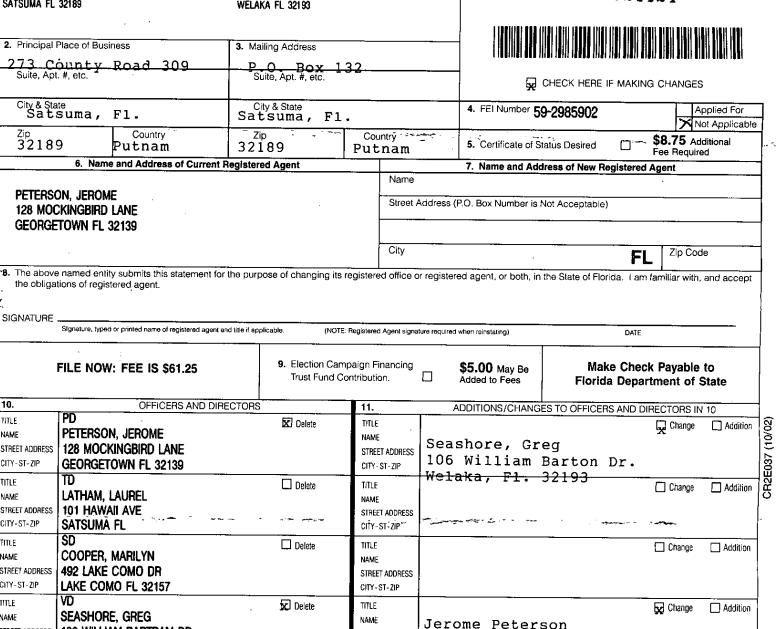
HOPE LUTHERAN CHURCH, INC. OF WELAKA, FLORIDA



FILED Mar 05, 2003 8:00 am 🖁 Secretary of State

03-05-2003 90078 027 ****61.25

70024424



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.

11.

TITLE

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

Delete

☐ Delete

☐ Delete

Delete

☐ Delete

☐ Delete

SIGNATURE:

128 Mockingbird Lane

Georgetown, Fl.

386-649-4484

Change

☐ Change

☐ Addition

☐ Addition