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

FILED
Jan 10, 2003 8:00 am
Secretary of State
01-10-2003 90011 017 ****61.25

DOCUMENT # N38785

1. Entity Name
CHURCH OF THE LUTHERAN CONFESSION OF NORTH PORT, FLORIDA, INC.

Principal Place of Business	Mailing Address
% THEODORE W. GEITHMAN 14600 S. TAMIAMI TRAIL NORTH PORT FL 34287	% THEODORE W. GEITHMAN 14600 S. TAMIAMI TRAIL NORTH PORT FL 34287

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
14600 S. Tamiami Trail Suite, Apt. #, etc.	14600 S. Tamiami Trail Suite, Apt. #, etc.
City & State: North Port FL	City & State: North Port FL
Zip: 34287 Country:	Zip: 34287 Country:

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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
GEITHMAN, THEODORE W. 14124 S TAMIAMI TR NORTH PORT FL 34287	Name: Robert A. Peters Street Address (P.O. Box Number is Not Acceptable): 7445 Manasota Key City: Englewood FL FL Zip Code: 34223

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: Robert A. Peters DIRECTOR 1/6/03
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD PETERS, ROBERT A. 7445 MANASOTA KEY ENGLEWOOD FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PETERS, ROBERT A 7445 MANASOTA KEY ENGLEWOOD FL 34223	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARCA, FRANK 6700 HARMONY ROAD NORTH PORT FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MITCHELL, AUBREY JR 5977 ESPANOLA AVE N PORT FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Lyle Erfourth 723 River View Cir North Port FL 34287	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: Robert A. Peters ROBERT A. PETERS 1/6/03 941-474-4385
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #