

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

% THEODORE W. GEITHMAN
14600 S. TAMiami TRAIL
NORTH PORT FL 34287

Mailing Address

% THEODORE W. GEITHMAN
14600 S. TAMiami TRAIL
NORTH PORT FL 34287

2. Principal Place of Business

14600 S. Tamiami Trail
Suite, Apt. #, etc.

3. Mailing Address

14600 S. Tamiami Trail
Suite, Apt. #, etc.

City & State

North Port FL

City & State

North Port FL

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip

34287

Country

Zip

34287

Country

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

6. Name and Address of Current Registered Agent

GEITHMAN, THEODORE W.
14124 S TAMiami TR
NORTH PORT FL 34287

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

ROBERT A. PETERS, DIRECTOR

1/6/03

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	PTD PETERS, ROBERT A. 7445 MANASOTA KEY ENGLEWOOD FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCA, FRANK 6700 HARMONY ROAD NORTH PORT FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MITCHELL, AUBREY JR 5977 ESPANOLA AVE N PORT FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PETERS, ROBERT A 7445 MANASOTA KEY ENGLEWOOD FL 34223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Lyle Erfourth 723 River View Cir North Port FL 34287	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

1/6/03

941-474-4385

CR2E037 (10/02)