

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44352

1. Entity Name

WOODLANDS LUTHERAN MINISTRIES, INC.

Principal Place of Business

15749 HIGHWAY 455
MONTVERDE FL 34756

Mailing Address

15749 HIGHWAY 455
MONTVERDE FL 34756

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3120417

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEERTS, MILAN
15749 CR 455
MONTVERDE FL 34756

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.

SIGNATURE

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE D
NAME TEDER, REIN
STREET ADDRESS 410 ORLANDO AVE #5A
CITY-ST-ZIP OCOCHEE FL ☐ Delete

TITLE D
NAME MICHELS, ROBERT
STREET ADDRESS 23 APPLE HILL HOLLOW
CITY-ST-ZIP CASSELBERRY FL ☒ Delete

TITLE P/D
NAME PARKER, CINDI
STREET ADDRESS 309 CHEROKEE DR
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE T/D
NAME FREDRICKS, JOHN
STREET ADDRESS 325 W. MAIN ST.
CITY-ST-ZIP APOPKA FL ☐ Delete

TITLE D
NAME FLAG, MX
STREET ADDRESS 3683 IDLE HOUR DR
CITY-ST-ZIP ORLANDO FL ☒ Delete

TITLE D
NAME KLUMP, PAUL
STREET ADDRESS 632 FANCON CT
CITY-ST-ZIP WINTER SPGS FL 32779 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP/D
NAME BOB MIKLER
STREET ADDRESS 3320 SE 31ST TERRA
CITY-ST-ZIP OCALA, FL 34471 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S/D
NAME Kae Retzlaff
STREET ADDRESS 16105 HILLSIDE
CITY-ST-ZIP MONTVERDE, FL 34756 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 of Cynthia C. Parker
CYNTHIA C. PARKER

8-13-01

407-425-0954

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

08-16-100100006 026 ****61.25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

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