

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

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90148 039 ****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3120417**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WEERTS, MILAN
15749 CR 455
MONTVERDE FL 34756**

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

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

TITLE **VPD** ☐ Delete
NAME **MIKLER, BOB**
STREET ADDRESS **3320 S.E. 31ST TERR**
CITY-ST-ZIP **OCALA FL 34471**

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

TITLE **PD** ☒ Delete
NAME **PARKER, CINDI**
STREET ADDRESS **309 CHEROKEE DR**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ Change ☐ Addition
NAME **Joe Coupland**
STREET ADDRESS **695 Old Magnolia Tr.**
CITY-ST-ZIP **Canton, GA 30115**

TITLE **TD** ☐ Delete
NAME **FREDRICKS, JOHN**
STREET ADDRESS **325 W. MAIN ST.**
CITY-ST-ZIP **APOPKA FL**

TITLE **TD PD** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **RETZLAFF, KAE**
STREET ADDRESS **16105 HILLSIDE**
CITY-ST-ZIP **MONTVERDE FL 34756**

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

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

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

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.

John Fredericks

SIGNATURE:

SIGNATURE REQUIRED

3-11-03 407-469-2792

CR2E037 (10/02)