

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46484

1. Entity Name

GRACE LUTHERAN CHURCH OF PORT ST. LUCIE, FLORIDA

Principal Place of Business

710 SW PORT ST LUCIE BLVD
PORT ST LUCIE FL 34953
US

Mailing Address

710 SW PT ST LUCIE BLVD
PORT ST LUCIE FL 34953
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0315662

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

GARBERS, KEVIN L.
7205 ARTHURS ROAD
FT PIERCE FL 34951

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHLAMP, DARYL	
STREET ADDRESS	2961 SE MORNINGSIDE BLVD	
CITY-ST-ZIP	PRT ST LUCIE FL 34952	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VIK, DAVID	
STREET ADDRESS	1028 SW SPRUCE ST	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARBERS, KEVIN	
STREET ADDRESS	7205 ARTHURS RD	
CITY-ST-ZIP	FT PIERCE FL 34951	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	EHMKE, ELLIE	
STREET ADDRESS	1142 SW GRANEDEER ST	
CITY-ST-ZIP	PORT ST LUCIE FL 34983	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCKNIGHT, AMY	
STREET ADDRESS	2386 SW LEJUNE ST	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	POWELL, CHARLES	
STREET ADDRESS	1913 ROYAL PALM DR	
CITY-ST-ZIP	FT PIERCE FL	

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mario Vendette	
STREET ADDRESS	5662 SE Schooner Oaks Wy	
CITY-ST-ZIP	Stuart, FL 34997	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barbara Salem	
STREET ADDRESS	538 NW Cortina Ln	
CITY-ST-ZIP	Port St. Lucie, FL 34983	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Doris Hudson	
STREET ADDRESS	1441 SW Edinburg h	
CITY-ST-ZIP	Port ST Lucie, FL 34953	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George Demos	
STREET ADDRESS	4234 SE Homewax	
CITY-ST-ZIP	Port. St. Lucie, FL 34952	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Andrew Wahling	
STREET ADDRESS	1241 SW Fletcher Lane	
CITY-ST-ZIP	Port St. Lucie, FL 34953	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Kevin L. Garbers* Kevin L. Garbers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-00

Date

561-468-5351

Daytime Phone #

CR2E037 (9/99)