

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90577 049 ****61.25

0017700

DOCUMENT # N46801

1. Entity Name

LORD OF LIFE LUTHERAN CHURCH OF PENSACOLA, FLORI

Principal Place of Business

Mailing Address

1000 E NINE MILE RD
 PENSACOLA FL 32514

1000 E. NINE MILE RD.
 PENSACOLA FL 32514
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3086407

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

**YATES, KATHLEEN
 1000 E NINE MILE RD.
 PENSACOLA FL 32514**

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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **HILD, DEBRA N**
 CITY-ST-ZIP **521 TURNBERRY RD
 CANTONMENT FL 32533**

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

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **GRIFFIN, RICHARD**
 CITY-ST-ZIP **9043 WOODRUN RD
 PENSACOLA FL 32514**

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

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **SEILER, GLORIA**
 CITY-ST-ZIP **7121 WYMONT RD
 PENSACOLA FL 32526**

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

TITLE ☒ Delete
 NAME **TD**
 STREET ADDRESS **ESPOSITO, VINCE**
 CITY-ST-ZIP **8047 CHARTER OAK DR
 PENSACOLA FL 32514**

TITLE ☒ Change ☐ Addition
 NAME **TD**
 STREET ADDRESS **Panich, Elaine J.**
 CITY-ST-ZIP **10176 Sugar Creek Dr
 Pensacola FL 32514**

TITLE ☐ Delete
 NAME **DS**
 STREET ADDRESS **ANDERSON, JIM**
 CITY-ST-ZIP **10640 MOTLEY CT
 PENSACOLA FL 32514**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elaine J. Panich
Elaine J. Panich

850-479-1927

Date

Daytime Phone #

CR2E037 (10/00)