

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

**FILED**  
**Jul 28, 2003 8:00 am**  
**Secretary of State**

5/

05-21-2003 90082 024 \*\*\*\*61.25

<b>DOCUMENT # N46801</b>					
1. Entity Name <b>LORD OF LIFE LUTHERAN CHURCH OF PENSACOLA, FLORI DA, INC.</b>					
Principal Place of Business <b>1000 E NINE MILE RD PENSACOLA FL 32514</b>		Mailing Address <b>1000 E. NINE MILE RD. PENSACOLA FL 32514 US</b>		<b>55052588</b>  <div style="background-color: black; width: 200px; height: 30px; margin: 10px auto;"></div>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip			
Country		Country		4. FEI Number <b>59-3086407</b>	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
8. Name and Address of Current Registered Agent  <b>YATES, KATHLEEN 1000 E NINE MILE RD. PENSACOLA FL 32514</b>				7. Name and Address of New Registered Agent  Name <u>TORRANCE, GRACE</u> Street Address (P.O. Box Number is Not Acceptable) <u>1000 E Nine Mile Rd</u> City <u>Pensacola</u> FL Zip Code <u>32514</u>	
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 <u>Rev. [Signature]</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE <u>5-18-03</u>	
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WADDELL, RANDY		NAME	Debra Waddell	
STREET ADDRESS	3019 GREY STONE DR		STREET ADDRESS	3019 Grey Stone Drive	
CITY-ST-ZIP	MILTON FL 32571		CITY-ST-ZIP	Pine Bl 32571	
TITLE	MD	<input checked="" type="checkbox"/> Delete	TITLE	VO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELOTT, CARLEEN		NAME	Deb Hild	
STREET ADDRESS	9725 PICKWOOD DR		STREET ADDRESS	521 Turnberry Rd	
CITY-ST-ZIP	PENSACOLA FL 32514		CITY-ST-ZIP	Chautauque, FL 32533	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SEC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWENS, LISA		NAME	Gloria Seiter	
STREET ADDRESS	6615 BELLVIEW PINES RD		STREET ADDRESS	1000 East Nine Mile Road	
CITY-ST-ZIP	PENSACOLA FL 32528		CITY-ST-ZIP	PENSACOLA, FL 32514	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALLEN, TERRI		NAME	Karen Paxton	
STREET ADDRESS	8917 N DAVIS HWY #84		STREET ADDRESS	2341 COUNTRY PLICIA	
CITY-ST-ZIP	PENSACOLA FL 32514		CITY-ST-ZIP	PENSACOLA, FL 32534	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANICH, ELAINE J		NAME		
STREET ADDRESS	10178 SUGAR CREEK DR.		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32514		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 612, 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: <u>[Signature]</u>		SIGNATURE REQUIRED <u>[Signature]</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # _____			

CR2E037 (10/02)