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

FILED
Jan 13, 2003 8:00 am
Secretary of State
01-13-2003 90706 029 ****61.25

DOCUMENT # N48630

1. Entity Name
CHRIST THE KING EVANGELICAL LUTHERAN CHURCH, INC

Principal Place of Business	Mailing Address
23456 OLEAN BLVD PORT CHARLOTTE FL 33980 US	23456 OLEAN BLVD PORT CHARLOTTE FL 33980 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0335823 ☐ 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
MARTIN, REV. LEROY A. 1403 BEACON DRIVE PORT CHARLOTTE FL 33952	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.

DEPARTMENT OF

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	P ☒ Delete	TITLE	Treasurer ☐ Change ☒ Addition
NAME	HALBERG, BILL	NAME	David Schurr
STREET ADDRESS	1080 RIO DE JANAIRO	STREET ADDRESS	2079 Fernwood St.
CITY-ST-ZIP	PUNTA GORDA FL 33983	CITY-ST-ZIP	Port Charlotte, FL 33948
TITLE	T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WILCOX, JIM	NAME	
STREET ADDRESS	2534 IVANHOE	STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	CITY-ST-ZIP	
TITLE	SD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SNYDER, TIM	NAME	
STREET ADDRESS	3238 EASY ST	STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MARTIN, LEROY A REV	NAME	
STREET ADDRESS	1403 BEACON DRIVE	STREET ADDRESS	
CITY-ST-ZIP	POORT CHARLOTTE FL	CITY-ST-ZIP	
TITLE	FS ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WESTCOTT, ED	NAME	
STREET ADDRESS	2100 KING'S HWY #1041	STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33980	CITY-ST-ZIP	
TITLE	D ☒ Delete	TITLE	Kurt Britt ☐ Change ☒ Addition
NAME	FOSTER, HUGH	NAME	
STREET ADDRESS	366 HARWICK	STREET ADDRESS	3180 Tauton Ave
CITY-ST-ZIP	PORT CHARLOTTE FL 33954	CITY-ST-ZIP	North Port, FL 34286

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 Leroy A Martin January 4, 2003 766-9357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)