

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

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90095 008 ****61.25

DOCUMENT # N50891

1. Entity Name

FAITH LUTHERAN CHURCH LCMS, INC.



Principal Place of Business

**935 CRYSTAL GLEN DR
LECANTO FL 34461**

Mailing Address

**935 CRYSTAL GLEN DR
LECANTO FL 34461**

2. Principal Place of Business

3. Mailing Address

935 S. CRYSTAL GLEN DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3149114**

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

**HAWKES, PAUL M.
7655 W. GULF TO LAKE HWY.
SUITE 13
CRYSTAL RIVER FL 34429**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
MOELLER, WILLIAM E
5353 N BRONCO TERRACE
CRYSTAL RIVER FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BEVERLY HILLS, FL 34465

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
SCHMIDT, THEODORE
3279 W. SUSANE LANE
LECANTO FL 34461**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
DUNMIRE, GERALDINE R
6658 S PALMER AVENUE
HONOSASSA FL 34448**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**RECORDING SECRETARY
MOELLER, SYLVIA
5353 N BRONCO TERRACE
BEVERLY HILLS FL 34465**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
GILLIG, ROBERT
1240 W TACOMA STREET
HERNANDO FL 34442**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DFS
HOLTZ, DONNA
251 E. IRELAND CT
HERNANDO FL 34442**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
HOLTZ, DONNA

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

ROBERT E. GILLIG 1-6-03 352-527-8268

CR2E037 (10/02)