

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

FILED
Aug 18, 2003 8:00 am
Secretary of State

08-18-2003 90167 014 ****70.00

005754

DOCUMENT # N50978

1. Entity Name

THE LORD'S TABLE OF INDIAN RIVER COUNTY INC.



Principal Place of Business

P.O. BOX 78-0686
SEBASTIAN FL 32978

Mailing Address

P.O. BOX 78-0686
SEBASTIAN FL 32978

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 **NOT APPLICABLE**

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

SEIFERT, GAYLE C
75 JOYHAVEN DRIVE
SEBASTIAN FL 32958

Name **JAMES RUSSELL BOWERS**

Street Address (P.O. Box Number is Not Acceptable)
1611 CORAL REEF ST.

S

City **SEBASTIAN**

FL

Zip Code **32958**

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

JAMES RUSSELL BOWERS PRESIDENT *James Russell Bowers* 8/14/03

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
After September 10, 2003, min will be \$236.25

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	D	<input checked="" type="checkbox"/> Delete
NAME	SEIFERT, GAYLE C	
STREET ADDRESS	75 JOY HAVEN DR	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	RAMIE JAMES A	
STREET ADDRESS	314 E DOLPHIN CIRCLE	
CITY-ST-ZIP	BAREFOOT BAY FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	TRUESDALE, CAROLYN	
STREET ADDRESS	856 MULBERRY ST	
CITY-ST-ZIP	SEBASTIAN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUCKMAN, ELLA C	
STREET ADDRESS	6245 81ST ST	
CITY-ST-ZIP	VERO BEACH FL 32967	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	TANNEHILL, BARBARA	
STREET ADDRESS	717 AMARYLLIS DRIVE	
CITY-ST-ZIP	BAREFOOT BAY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAGE, RICHARD	
STREET ADDRESS	498 SEAGRASS AVE	
CITY-ST-ZIP	SEBASTIAN FL 32958	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VIAGINIA A. BUSS	
STREET ADDRESS	166 QUAKER LANE	
CITY-ST-ZIP	SEBASTIAN, FLA. 32958	
TITLE	D P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES RUSSELL BOWERS	
STREET ADDRESS	1611 CORAL REEF ST.	
CITY-ST-ZIP	SEBASTIAN, FLA. 32958	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES A RAMIE	
STREET ADDRESS	446 DOLPHIN CIRCLE	
CITY-ST-ZIP	BAREFOOT BAY, FLA. 32976	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMILLE BOWERS	
STREET ADDRESS	1611 CORAL REEF ST.	
CITY-ST-ZIP	SEBASTIAN FLA. 32958	
TITLE	S D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANNEHILL, BARBARA	
STREET ADDRESS	717 AMARYLLIS DRIVE	
CITY-ST-ZIP	BAREFOOT BAY, FL.	
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:

JAMES RUSSELL BOWERS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James C. Ramie 8/14/03 772-664-3053
Date Daytime Phone #

CR2E037 (4/03)