

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 20, 2000 8:00 am
Secretary of State

07-20-2000 90009 019 ****61.25

DOCUMENT # N94000002211

1. Entity Name

ST. LUKE EVANGELICAL LUTHERAN CHURCH OF LAKE CIT

Principal Place of Business

Mailing Address

RTE 21 BOX 469
 LAKE CITY FL 32024
 US

RTE 21 BOX 469
 LAKE CITY FL 32024
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

53-2934165

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHRISTENSON, PAUL A.
27494-41ST ROAD
BRANFORD FL 32008

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

Paul A. Christenson **PAUL A. CHRISTENSON** **07/13/00**

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 13, 2000 min. will be \$236.25

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	D	<input checked="" type="checkbox"/> Delete
NAME	PHILLIPS, BRIAN	
STREET ADDRESS	21 CRAIG AVE	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CHRISTENSON, PAUL	
STREET ADDRESS	27494 41ST RD	
CITY-ST-ZIP	BRANFORD-FL 32008	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEPPER, SHERRY	
STREET ADDRESS	RTE. 9, BOX 752	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HART, LINDA	
STREET ADDRESS	RT. 4 BOX 241-F	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HEINRICH, FRED	
STREET ADDRESS	6165 WIGGENS RD	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEINRICH, LUCILLE	
STREET ADDRESS	6165 WIGGENS RD	
CITY-ST-ZIP	LIVE OAK FL 32060	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Linda Hart **LINDA HART** **7-13-00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)