

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002211

1. Entity Name

ST. LUKE EVANGELICAL LUTHERAN CHURCH OF LAKE CIT

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

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

Principal Place of Business

RTE 21 BOX 469  
LAKE CITY FL 32024  
US

Mailing Address

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

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 ☒ Delete  
NAME PHILLIPS, BRIAN  
STREET ADDRESS 21 CRAIG AVE  
CITY-ST-ZIP LAKE CITY FL 32025

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☐ Delete  
NAME CHRISTENSON, PAUL  
STREET ADDRESS 27494 41ST RD  
CITY-ST-ZIP BRANFORD-FL 32008

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME PEPPER, SHERRY  
STREET ADDRESS RTE. 9, BOX 752  
CITY-ST-ZIP LAKE CITY FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME HART, LINDA  
STREET ADDRESS RT. 4 BOX 241-F  
CITY-ST-ZIP LAKE CITY FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME HEINRICH, FRED  
STREET ADDRESS 6165 WIGGENS RD  
CITY-ST-ZIP LIVE OAK FL 32060

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME HEINRICH, LUCILLE  
STREET ADDRESS 6165 WIGGENS RD  
CITY-ST-ZIP LIVE OAK FL 32060

TITLE ☐ Change ☐ 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)