FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 14, 2001 8:00 am DOCUMENT # N9400002211 **Secretary of State** 1. Entity Name 03-14-2001 90491 005 ****70.00 ST. LUKE EVANGELICAL LUTHERAN CHURCH OF LAKE CIT Principal Place of Business Mailing Address RTE 21 BOX 469 RTE 21 BOX 469 LAKE CITY FL 32024 LAKE CITY FL 32024 IIS 2. Principal Place of Business 3. Mailing Address Sulte, Apt. #, etc. ___Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 53-2934165 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Buchwer Street Address (F CHRISTENSON, PAUL A. 27494-41ST ROAD **BRANFORD FL 32008** Zip Code 32056 City 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 Signature, typed or printed name of registered agent and title if applicable FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10, OFFICERS AND DIRECTORS 11. TITLE РD ☐ Change Addition TITLE Delete CHRISTENSON, PAUL Ronald T. Buchner NAME NAME PO Box 1925 STREET ADDRESS 27494 41ST RD STREET ADDRESS Lake City, FL. 32056 CITY-ST-ZIP CITY-ST-ZIP **BRANFORD FL 32008** ก TITLE M Delete TITLE Change Addition Bernie Ackerman 11490 75th Loop PEPPER, SHERRY NAME NAME STREET ADDRESS STREET ADDRESS RTE. 9. BOX 752 CITY-ST-ZIP CITY-ST-ZIP Live Oak, FL. 33460 LAKE CITY FL 🔀 Delete TITLE TITLE Change Addition Richard Rosenerants HART, LINDA NAME NAME Rt.21 Box 5165 RT. 4 BOX 241-F STREET ADDRESS STREET ADDRESS Lake City CITY-ST-ZIP CITY-ST-ZIP 32024 LAKE CITY FL Change Addition TITLE Delete TITLE HEINRICH, FRED .~ Fred Heinrich NAME -NAME STREET ADDRESS STREET ADDRESS 6165 WIGGENS RD 6165 Wissens Rd CITY-ST-ZIP CITY-ST-ZIP LIVE OAK FL 32060 Oak FL. 32060 Delete TITLE ☐ Change ☐ Addition Locille Helacich HEINRICH, LUCILLE NAME NAME blus wisgens Rd STREET ADDRESS 6165 WIGGENS RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LIVE OAK FL 32060 32060 TITLE TITLE Delete D ☐ Change **Addition** NAME NAME Glenn Aeschliman STREET ADDRESS STREET ADDRESS R+ 1 Box 370-6

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: