

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002211

1. Entity Name

ST. LUKE EVANGELICAL LUTHERAN CHURCH OF LAKE CITY FLORIDA, INCORPORATED

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

Zip

Country

Zip

Country

4. FEI Number

53-2934165

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

BUCHNER, RONALD T
US 41 NORTH
PO BOX 1925
LAKE CITY FL 32056

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

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME BUCHNER, RONALD T
STREET ADDRESS US 41 NORTH PO BOX 1925
CITY-ST-ZIP LAKE CITY FL 32056 ☐ Delete

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

TITLE D
NAME ACKERMAN, BERNIE
STREET ADDRESS 11490 75TH LOOP
CITY-ST-ZIP LIVE OAK FL 33460 ☒ Delete

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

TITLE VD
NAME ROSENCRANTS, RICHARD
STREET ADDRESS RT 21 BOX 5165
CITY-ST-ZIP LAKE CITY FL 32024 ☐ Delete

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

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

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

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

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

TITLE D
NAME AESCHLIMAN, GLENN
STREET ADDRESS RT 1 BOX 370-6
CITY-ST-ZIP WHITE SPRINGS FL 32096 ☒ Delete

TITLE
NAME ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/02

386-362-5995

CR2E037 (9/01)