



FILED
 Jul 03, 2003 8:00 am
 Secretary of State

6/21

06-26-2003 90038 028 ****70.00

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

55050447

DOCUMENT # N94000002211					
1. Entity Name ST. LUKE EVANGELICAL LUTHERAN CHURCH OF LAKE CITY FLORIDA, INCORPORATED					
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 RT 21, Box 469 Suite, Apt. #, etc.		3. Mailing Address RT. 21, Box 469 Suite, Apt. #, etc.		 <input checked="" type="checkbox"/> CHECK HERE IF MAKING CHANGES	
City & State LAKE CITY, FL		City & State LAKE CITY, FL			
Zip 32024 Country USA		Zip 32024 Country USA			
4. FEI Number 53-2934165			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BUCHNER, RONALD T US 41 NORTH PO BOX 1925 LAKE CITY, FL 32056			7. Name and Address of New Registered Agent Name JAMES R. BEZAIRE Street Address (P.O. Box Number is Not Acceptable) EMERALD LAKES DR. RR 20, Box 1086-1 City LAKE CITY FL Zip Code 32055		
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 <u>James R. Bezaire</u> DATE <u>7/2/03</u> <small>Signature, printed in printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when releasing)</small>					
9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		10. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PO BUCHNER, RONALD T US 41 NORTH PO BOX 1925 LAKE CITY, FL 32056 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	M BEZAIRE, JAMES R. P.O. BOX 42 LAKE CITY, FL 32056 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD ROSENCRANTS, RICHARD RT 21 BOX 6165 LAKE CITY, FL 32024 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P JAERGER, ROBERT RT. 18, BOX 18768 LAKE CITY, FL 32025 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD HEINRICH, FRED 6165 WIGGINS RD LIVE OAK, FL 32060 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D ROSS, JACKIE 21367, 168th ST. LAKE CITY, FL 32060 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V RELLA, DANIEL 306 SW GEORGIA GLEN FT. WHITE, FL 32038 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D HOLBROOK, DEANE RT. 21, Box 459 LAKE CITY, FL 32024 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D SCHLUMBERGER, JILL RT. 13, Box 264 LAKE CITY, FL 32055 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 R. Bezaire Director DATE 6/24/03 356-752-3807

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

Attachment #

DOCUMENT # N94000002211
 1. Entity Name
 ST. LUKE EVANGELICAL LUTHERAN
 CHURCH OF LAKE CITY FLORIDA, INC.



DO NOT WRITE IN THIS SPACE



2. Principal Place of Business
 RT. 21, BOX 469
 Suite, Apt. #, etc.

3. Mailing Address
 RT. 21, BOX 469
 Suite, Apt. #, etc.

5505047
 DO NOT WRITE IN THIS SPACE

City & State
 LAKE CITY, FL

City & State
 LAKE CITY, FL

Zip
 32024

Country
 USA

Zip
 32024

Country
 USA

4. FEI Number
 53-2934165

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
 BEZAIRE, JAMES R.

Street Address (P.O. Box Number is Not Acceptable)
 EMERALD LAKES DR., RR 20, BOX 1086-1

City
 LAKE CITY

FL

Zip Code
 32055-9322

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 R. Bezaire*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

FEE IS \$81.25
 Initial or Amended UBR

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	M	BEZAIRE, JAMES R.	P.O. BOX 42 LAKE CITY, FL 32055				
	P	JAEGER, ROBERT	RT. 18, BOX 18768 LAKE CITY, FL 32055				
	D	ROSS, JACKIE	21367 168TH ST. LAKE CITY, FL 32055				
	V	RELLA, DANIEL	306 SW GEORGIA GLEN LAKE CITY, FL 32055				
	D	HOLBROOK, DIANE	RT. 21, BOX 459 LAKE CITY, FL 32055				
	D	SCHLUMBERGER, JILL	RT. 13, BOX 264 LAKE CITY, FL 32055				

Addresses

did not print

fully (see

following page)

DO NOT WRITE IN THIS SPACE

CR2E0378 (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *James R. Bezaire* JAMES R. BEZAIRE, Director 6/24/03 (386) 752-3807
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #