2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 30, 2002 8:00 am Secretary of State

1. Entity N	UMENT # N95000 e evangelique lutherieni				1	,	07-17-2002	a1 y U1 2 901 42 022 *	
Principal P	lace of Business	Mailing Address			:				
225 NW AVE BELLE GLAS	enue G de Fl. 33430	1043 ASPRI WAY RIVIERA BEACH FL 33418					_ 41	0173	
2 Principa	I Place of Business	2 Maltina Adding							
Principal Place of Business 241 Cypress Drive Sulte, Apl. #, etc.		3. Mailing Address							
Suite, Ap	ol. #, eic.	Suite, Apt. #, etc.					DO NOT WRITE IN	N THIS SPACE	
City & S		City & State	,			4. FEI Number	65-0501899		Applied For
Lake Zip	Park, Florida Country	Zip	Cour	·	·	· (03-030 1089		Vot Applicable
3340	USA		Cour	uny		5. Certificate of	Status Desired	□ \$8.75 Ad Fee Requir	
	6. Name and Address of Current	Registered Agent				7. Name and Ad	dress of New Regis	stered Agent	
	i de la companya de La companya de la co	•	. [Name					
BARTLE		Street Address (P.			P.O. Box Number is Not Acceptable)				
	PRI WAY		İ	-					
HIVIERA	BEACH FL 33418		F	City				FL Zip Coo	de
the oblig	re named entity submits this statement for ations of registered agent.	or the purpose of changing its	registerec	d office or	r registere	d agent, or both, i	n the State of Florida	. I am familiar with	, and accept
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered /	Agent eignes	ure required v	then reinstening)	<u> </u>	DATE	
		9. Election Carr Trust Fund C	npaign Fin	nancing		\$5.00 May Be Added to Fees		Check Payable	
10.	After September 13, 2002, min. will be \$236.25. OFFICERS AND DIE	9. Election Carr Trust Fund C	npaign Fin	nancing		\$5.00 May Be Added to Fees		Check Payable	e
10. Time	After September 13, 2002, min. will be \$236.25. OFFICERS AND DIS	9. Election Carr Trust Fund C	npaign Fin contribution	nancing		\$5.00 May Be Added to Fees	Depa	Check Payable	e
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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: 🦕