

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90479 025 \*\*\*\*61.25

**DOCUMENT # N95000004108**

1. Entity Name

**ABIDING WORD FREE LUTHERAN CHURCH, INC.**

Principal Place of Business

Mailing Address

3535 BULL RUN COURT  
 MELBOURNE FL 32934

3535 BULL RUN COURT  
 MELBOURNE FL 32934-8301

2. Principal Place of Business

3. Mailing Address

**891 RIDGE LAKE DRIVE**

**P.O. Box 410847**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**MELBOURNE FL**

**MELBOURNE FL**

Zip  
**32940**

Country  
**USA**

Zip  
**32941-0847**

Country  
**USA**

4. FEI Number

**59-3338040**

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

**BARNHART, DAVID R REV**  
**3535 BULL RUN COURT**  
**MELBOURNE FL 32935**

Name

**BARNHART DAVID R REV.**

Street Address (P.O. Box Number is Not Acceptable)

**891 RIDGE LAKE DRIVE**

City

**MELBOURNE**

FL

Zip Code

**32940**

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D BARNHART, MARY N**  
**3535 BULL RUN CT**  
**MELBOURNE FL 32934**

☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**COBD BARNHART, DAVID R**  
**3535 BULL RUN CT**  
**MELBOURNE FL 32934**

☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**TD JAUNICH, JOSEPH**  
**2735 FOREST RUN DR**  
**MELBOURNE FL 32935**

☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**SD GRANGE, REGINALD**  
**260 HOLIDAY PARK BLVD NE**  
**PALM BAY FL**

☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**SD KOENIG, HAROLD**  
**341 LANTERNBACK ISLAND DR.**  
**SATELLITE BEACH, FL 32937**  
☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

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:

**DAVID R. BARNHART**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/24/2000 (321) 253-9387**

CR2E037 (9/99)