## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 08, 2000 8:00 am Secretary of State DOCUMENT # N9600000109 1. Entity Name FAITH "VIERA" LUTHERAN CHURCH, INC. 02-08-2000 90044 025 \*\*\*\*61.25 Mailing Address Principal Place of Business 5550 FAITH DRIVE 5550 FAITH DRIVE ROCKLEDGE FL 32955-6338 ROCKLEDGE FL 32955-6338 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3338895 Not Applicable Country \$8.75 Additional Zin Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) MEYR, RON REV. **756 HARRIER COURT ROCKLEDGE FL 32955** City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. X Addition ☐ Change TITLE TITLE ☐ Delete TD COOK, CLARENCE NAME NAME EATON, Barbara 2523 Canterbury Circle STREET ADDRESS STREET ADDRESS 4155 SAN YSIDRO WAY CITY-ST-ZIP Rockledge, FL 32955\_6528 CITY-ST-ZIP **ROCKLEDGE FL 32955** Addition TITLE ☐ Change VD. ☐ Delete TITLE NAME NAME **NEAL, TERRY** CULBRETH, Carl STREET ADDRESS STREET ADDRESS 971 SABAL GROVE DRIVE 1258 Winding Meadows Rd Rockledge, FL 32955-84 CITY-ST-ZIP CITY-ST-ZIP ROCKLEDGE FL 32955 X Addition ☐ Change ብጠ F ~ SD Delete TITLE NAME ANTHONY, EDWARD A LOHMANN, Carolyn NAME STREET ADDRESS 1228 Meadow Lake Road STREET ADDRESS 801 SANDHILL CRANE COURT CITY-ST-ZIP CITY-ST-ZIP ROCKLEDGE FL 32955 Rockledge, FL 32955-8401 Change Addition **Delete** TD TITLE TITLE NAME NAME RENDELL. HEIDI RUTZ, Steve STREET ADDRESS STREET ADDRESS 7012 HAMMOCK TRACE D. 4113 Las Cruces CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32940-7974 Rockledge, FL 32955-5346 ☐ Change **XX**Addition TITLE **Delete** TITLE NAME NAME WELLS, CLARK THOMPSON, Harold 305 Tradewinds Dr STREET ADDRESS STREET ADDRESS 295 LEE AVE. CITY-ST-ZIP CITY-ST-ZIP SATELLITE BEACH FL 32937 Indian Harbor Beach, FL 32937-5315 ☐ Addition ☐ Delete TITLE Change TITLE NAME VERMUEL, ROBERT VEREUEL, ROBERT NAME STREET ADDRESS 837 BLACK BIRD COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ROCKLEDGE FL 32955-6304** 12. I hereby certify that the information supplied with this filling 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

Manual A. Anthony February 2. SIGNATURE: Daytime Phone \* Option SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.