

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90307 013 ****61.25

DOCUMENT # N96000000109

1. Entity Name

FAITH "VIERA" LUTHERAN CHURCH, INC.

Principal Place of Business

**5550 FAITH DRIVE
 ROCKLEDGE FL 32955-6338**

Mailing Address

**5550 FAITH DRIVE
 ROCKLEDGE FL 32955-6338**

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 **59-3338895**

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

**MEYR, RON REV.
 756 HARRIER COURT
 ROCKLEDGE FL 32955**

Name

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

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

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 **COOK, CLARENCE** ☐ Delete
 STREET ADDRESS **4155 SAN YSIDRO WAY**
 CITY-ST-ZIP **ROCKLEDGE FL 32955**

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

TITLE **VD**
 NAME **NEAL, TERRY** ☒ Delete
 STREET ADDRESS **971 SABAL GROVE DRIVE**
 CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
 NAME **DOUG STEWART**
 STREET ADDRESS **836 SPANISH WELLS DRIVE**
 CITY-ST-ZIP **MELBOURNE, FL 32940**

TITLE **SD**
 NAME **ANTHONY, EDWARD A** ☐ Delete
 STREET ADDRESS **801 SANDHILL CRANE COURT**
 CITY-ST-ZIP **ROCKLEDGE FL 32955**

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

TITLE **TD**
 NAME **EATON, BARBARA** ☒ Delete
 STREET ADDRESS **2523 CANTERBURY CIR**
 CITY-ST-ZIP **ROCKLEDGE FL 32955-6528**

TITLE **TREASURER** ☒ Change ☐ Addition
 NAME **LESLIE J. HEUMANN**
 STREET ADDRESS **3923 UPMANN DRIVE**
 CITY-ST-ZIP **ROCKLEDGE, FL 32955**

TITLE **D**
 NAME **CULBRETH, CARL** ☐ Delete
 STREET ADDRESS **1258 WINDING MEADOWS RD**
 CITY-ST-ZIP **ROCKLEDGE FL 32955-8411**

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

TITLE **D**
 NAME **VERMUEL, ROBERT** ☒ Delete
 STREET ADDRESS **837 BLACK BIRD COURT**
 CITY-ST-ZIP **ROCKLEDGE FL 32955-6304**

TITLE ☐ Change ☐ Addition
 NAME
 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:

Ron Rev. Meyr

1/4/02

321-636-5504