

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

**FILED**  
**Jul 23, 2003 8:00 am**  
**Secretary of State**

07-23-2003 90058 029 \*\*\*\*61.25

0014331

**DOCUMENT # N97000002710**

1. Entity Name

**COMMUNITY OF LIFE LUTHERAN CHURCH, INC.**



Principal Place of Business

**POST OFFICE BOX 151533  
CAPE CORAL FL 33915**

Mailing Address

**POST OFFICE BOX 151533  
CAPE CORAL FL 33915**

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 **59-3085294**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

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. I am familiar with, and accept the obligations of registered agent.

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  
After September 10, 2003, min will be \$236.25**

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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MCGINNIS, STEPHEN J REV</b>	
STREET ADDRESS	<b>2829 SW 29TH AVE</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33914</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ROSE, LARRY</b>	
STREET ADDRESS	<b>910 SW 22ND TERR</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33991</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FAGERBERG, ELTON</b>	
STREET ADDRESS	<b>2704 SW 10TH AVE</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33914</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BRADY, KAREN</b>	
STREET ADDRESS	<b>1319 SW 34TH ST</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33914</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>COUNCIL President</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LARRY ROSE</b>	
STREET ADDRESS	<b>910 SW 22ND TERRACE</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33991</b>	
TITLE	<b>COUNCIL Vice President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHRIS SEEKE</b>	
STREET ADDRESS	<b>866 WA COSTA LANE</b>	
CITY-ST-ZIP	<b>N. FT. MYERS, FL 33917</b>	
TITLE	<b>COUNCIL SECRETARY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AGNES LUPESLACIS</b>	
STREET ADDRESS	<b>2503 NW 29th Terrace</b>	
CITY-ST-ZIP	<b>CAPE CORAL, FL 33993</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**SIGNATURE REQUIRED**

7/19/03

239-408-2608

CR2E037 (4/03)