

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005239

1. Entity Name

AVON PARK LUTHERAN MISSION, INC.

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90001 035 *****61.25

Principal Place of Business

Mailing Address

2523 US 27TH SOUTH
AVON PARK FL 33825

2523 US 27TH SOUTH
AVON PARK FL 33825

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

65-0867745

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

FRICKER, LOWELL J SR.
2523 US 27TH SOUTH
AVON PARK FL 33825

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.

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 ☐ Delete
NAME **D**
STREET ADDRESS **ARD, SHIRLEY**
CITY-ST-ZIP **1930 HIAWATHA AVE
SEBRING FL 33870**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **724 N. FRANKLIN**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **DVP**
STREET ADDRESS **NOTESTINE, EUGENE**
CITY-ST-ZIP **3236 RED WATER DR
AVON PARK FL 33825**

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **FIEDLER, JIM**
CITY-ST-ZIP **1910 9TH AVENUE
SEBRING FL 33872**

TITLE ☒ Change ☐ Addition
NAME **DT**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **FRCKER, SR., LOWELL J**
CITY-ST-ZIP **4820 CALATRAVA AVE.
SEBRING FL 33872**

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

TITLE ☐ Delete
NAME **DT**
STREET ADDRESS **KASLEY, KEVIN**
CITY-ST-ZIP **3814 TANGIER ST.
SEBRING FL 33872**

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **DVP**
STREET ADDRESS **WALCK, HOWARD E.**
CITY-ST-ZIP **311 WREN AV
SEBRING FL 33872**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/02 863/453-3352

CR2E037 (9/01)