## 2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 736743** 

Entity Name: MEMORIAL EVANGELICAL LUTHERAN CHURCH OF ST.

AUGUSTINE, FLORIDA, INC.

## **Current Principal Place of Business:**

3375 US #1 SOUTH

SAINT AUGUSTINE, FL 32086

## **Current Mailing Address:**

3375 US #1 SOUTH

SAINT AUGUSTINE, FL 32086

FEI Number: 59-2311622 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

UPCHURCH, HAMILTON D. % UPCHURCH, BAILEY & UPCHURCH, ATTYS. 780 N PONCE DE LEON BLVD ST. AUGUSTINE, FL 32084 US

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:

Electronic Signature of Registered Agent

Date

**FILED** Mar 12, 2013

**Secretary of State** 

CC8486950644

Officer/Director Detail:

Title **PRESIDENT** Title CORPORATE SECRETARY

Name KEITH, MARK PD Name BATES, MARIE SD

237 CACIQUE DRIVE 512 WILLOWBROOK ST. Address Address

City-State-Zip: ST. AUGUSTINE FL 32086 City-State-Zip: SAINT AUGUSTINE FL 32086

Title Т Title VΡ

BURRIER, THOMAS TT Name Name HENTSCHEL, ALAIN Address 5861 DATIL PEPPER RD 201 F STREET Address

**UNIT B** City-State-Zip: SAINT AUGUSTINE FL 32086

City-State-Zip: ST AUGUSTINE FL 32080

Title **SECRETARY** MAMPE, CHERYL Name

5788 N. OCEAN SHORE BLVD Address PALM COAST FL 32137 City-State-Zip:

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS BURRIER

Electronic Signature of Signing Officer/Director Detail

**TREASURER** 

03/12/2013