FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:20

DOCUMENT # 719646 (2)

1. Corporation Name

ST. PAUL'S EVANGELICAL LUTHERAN CHURCH OF LAKELAND, FLORIDA

Principal Place of Business	Mailing Address
3020 SOUTH FLORIDA AVENUE LAKELAND FL 33803	3020 SOUTH FLORIDA AVENUE LAKELAND FL 33803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/05/1970
3a. Date of Last Report: 03/24/1994
4. FEI Number: 59-0799921 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

TRINKLEIN, REV. EDGAR
1882 STELLA CT. S.
LAKELAND FL 33803

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Edgar C. Trinklein — 2/15/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	LEHMKER, CLYDE	1.2 NAME	LEHMKER, KENNETH	
STREET ADDRESS	4260 OLD COLONY ROAD	1.3 STREET ADDRESS	1230 GROVELAND LANE	
CITY-ST-ZIP	MULBERRY FL 33860	1.4 CITY-ST-ZIP	LAKELAND FL 33811	
TITLE	TD	2.1 TITLE		☐ Change ☐ Addition
NAME	TRINKLEIN, TRACY	2.2 NAME		
STREET ADDRESS	5416 OVERLOOK POINT	2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33813	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	NOE, NANCY	3.2 NAME	WESCHE, MARY JEAN	
STREET ADDRESS	1814 STONECREST COURT	3.3 STREET ADDRESS	5135 MISTY LAKE DRIVE	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	MULBERRY FL 33860	
TITLE	VD	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	LEHMKER, KENNETH	4.2 NAME	MOBERG, MARK	
STREET ADDRESS	1230 GROVELAND LANE	4.3 STREET ADDRESS	1802 CREEKBEND DR.	
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	LAKELAND, FL. 33811	
TITLE	MD	5.1 TITLE		☐ Change ☐ Addition
NAME	TRINKLEIN, EDGAR	5.2 NAME		
STREET ADDRESS	1882 STELLLA COURT S	5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33813	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kenneth C Lehmker — 2-15-95 — 813 682-8523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Kenneth Lehmker

0058038