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May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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 33803-4035

3. Date Incorporated or Qualified
11/05/1970

3a. Date of Last Report
02/12/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
Goff, Rev. Dennis

82 Street Address (P.O. Box Number is Not Acceptable)
1714 TIERRA ALTA DR

84 City
Lakeland

85 Zip Code
FL 33813

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Rev. Dennis Goff*

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	<input checked="" type="checkbox"/> DELETE
NAME	LEHMKER, KENNETH	
STREET ADDRESS	1230 GROVELAND LANE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	TRINKLEIN, TRACY	
STREET ADDRESS	5416 OVERLOOK POINT	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WESCHE, MARY JEAN	
STREET ADDRESS	5135 MISTY LAKE DRIVE	
CITY-ST-ZIP	MULBERRY FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MOBERG, MARK	
STREET ADDRESS	1802 CREEKBEND DR.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	MD	<input checked="" type="checkbox"/> DELETE
NAME	TRINKLEIN, EDGAR	
STREET ADDRESS	1882 STELLA COURT S	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Moberg, Mark	
1.3 STREET ADDRESS	1802 Creekbend Dr	
1.4 CITY-ST-ZIP	Lakeland, FL 33811	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ashley, Frank	
2.3 STREET ADDRESS	1102 Brighton Way	
2.4 CITY-ST-ZIP	Lakeland, FL 33813	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	V.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Fassett, Jeff	
4.3 STREET ADDRESS	1703 Virginia Ct.	
4.4 CITY-ST-ZIP	Lakeland, FL 33813	
5.1 TITLE	MD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Goff, Dennis	
5.3 STREET ADDRESS	1714 TIERRA ALTA DR.	
5.4 CITY-ST-ZIP	Lakeland, FL 33813	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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: *Mary Jean Wesche* DATE: *4/23/97* DAYTIME PHONE: *941-622-8523*

Signature, typed or printed name of signing officer or director

Date

Daytime Phone # 0052055

CR2E037 (9/96)