NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 719646

1. Corporation Name

ST. PAUL'S EVANGELICAL LUTHERAN CHURCH OF LAKELA ND, FLORIDA

Principal Place of Business

Mailing Address

3020 SOUTH FLORIDA AVENUE LAKELAND FL 33803 3020 SOUTH FLORIDA AVENUE LAKELAND FL 33803

FILED Mar 02, 1999 8:00 am § Secretary of State

03-02-1999 90069 037 ****61.25



Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Sec. Sec	2. Principal Pl	ace of Business 2a	Mailing Address			3. Date Incorporated or Qualifed				
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, apt. #, etc.	21	<u> </u>	4450 Hand	ر م	Blud	11/05/1970				
City & State 28		#, etc.						App	lied For	
20	22	27				59-0799921				
22 Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip						5. Certificate of Status Desired	7	*		
Zip Country Zip Country Zip Country S.5.00 May Be S.5.00 May B	23	28		FI		o. Cermente di Canada Basilia		Fee Rec	quired	
9. Name and Address of Current Registered Agent GOFF, REV. D 1714 TIERRA ALTA DR. LAKELAND FL 33813 84 City FL 85 Zip Code 18		Country		Country	בי ל	6. Election Campaign Financing	7			
GOFF, REV. D 1714 TIERRA ALTA DR. LAKELAND FL 33813 82 Street Address (P.O. Box Number is Not Acceptable) 171. Pursuant to the provisions of Sections 617.0502 and 617.1508, Flonds Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. or both, in the State of Flonds, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. In affiliar with, national accept the obligations of, Section 617.0503, Flonds Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. or both, in the State of Flonds, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. or both, in the State of Flonds, Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. or both, in the State of Flonds, Statutes, the above-named directors. I hereby accept the appointment as registered agent. or both, in the State of Flonds Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. STREET ADDRESS 14. TITLE Change Addition	24	25 29	33813 30	!	2110	Trust Fund Contribution			Fees	
GOFF, REV. D 1714 TIERRA ALTA DR. LAKELAND FL 33813 82 83 84 City FL 85 Zip Code 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the approximent as registered agent, an familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or private name of registered agent and title if applicable. ONTE Registered Agent algraquire required when reliableing. NOTE Registered Agent algraquire required when reliableing. DATE 12. OFFICERS AND DIRECTORS IN 12 TITLE PD OBERG, MARK STREET ADDRESS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITIME DO DELETE 11 TITLE DO DELETE 11 TITLE TD Change Addition NAME ASHLEY, FRANK STREET ADDRESS CITY-51-2P LAKELAND FL 11 TITLE DO DELETE 31 TITLE CHANGE 31 STREET ADDRESS CITY-51-2P LAKELAND FL 4 STREET ADDRESS 5135 MISTY LAKE DRIVE 34 City FL 85 Zip Code 85 Zip Code Registered STREET ADDRESS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DO DELETE 11 TITLE Change Addition ASHLEY, FRANK STREET ADDRESS CITY-51-2P LAKELAND FL 4 STREET ADDRESS ST	The first date Address of Current Higher									
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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 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, and macropt the obligations of, Section 617.0503, Florida Statutes. Signature Sig									1	
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office or registered agent, or both, in the State of Horida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment agent agent and accept the obligations of, Section 617,093, Floridad Statutes. SIGNATURE	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									
12	office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered									
12										
TITLE	SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Regi		nt signature requ	uired when reinstating)				
MOBERG, MARK	12.	OFFICERS AND DIR				ADDITIONS/CHANGES TO OFFIC	ERS AN			
STREET ADDRESS 1802 CRECKBEND DR.	TITLE	PD	☐ DELETE	1.1 TITLE	-			☐ Change	☐ Addition	
CITY-ST-ZIP	NAME	MOBERG, MARK		1.2 NAME	1					
TITLE	STREET ADDRESS	1802 CRECKBEND DR.		1.3 STREE	T ADDRESS					
NAME	CITY-ST-ZIP			1.4 CITY-S	T-ZIP					
STREET ADDRESS CITY-ST-ZIP 1102 BRIGTON WAY LAKELAND FL SD NAME WESCHE, MARY JEAN STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VD NAME FASSETT, JEFF D1703 VIRGINAI CT. LAKELAND FL TITLE MD DELETE 4.4 CITY-ST-ZIP TITLE MD GOFF, REV D STREET ADDRESS CITY-ST-ZIP TITLE MD GOFF, REV D STREET ADDRESS CITY-ST-ZIP TITLE MD STREET ADDRESS CITY-ST-ZIP TITLE MD STREET ADDRESS CITY-ST-ZIP TITLE MD GOFF, REV D STREET ADDRESS CITY-ST-ZIP LAKELAND FL STREET ADDRESS CITY-ST-ZIP LAKELAND FL STREET ADDRESS CITY-ST-ZIP LAKELAND FL STREET ADDRESS STREE	TITLE	TD	☐ DELETE	2.1 TITLE				Change	☐ Addition	
1102 BRIGTON WAY	NAME	ASHLEY, FRANK		2.2 NAME	1					
LAKELAND FL				2.3 STREE	T ADDRESS	***	_			
TITLE SD DELETE 3.1 TITLE SD Addition NAME WESCHE, MARY JEAN 3.2 NAME STREET ADDRESS 5135 MISTY LAKE DRIVE 3.3 STREET ADDRESS CITY-ST-ZIP MULBERRY FL 3.4 CITY-ST-ZIP TITLE VD DELETE 4.1 TITLE VD Addition Change Addition Addition Change Addition Addition Change Addition Addition Change Addition				2. 4 CITY-	ST-ZIP					
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TITLE	1			3.4. CITY-	ST-ZIP					
NAME FASSETT, JEFF 4.2 NAME STREET ADDRESS D1703 VIRGINAI CT. 4.3 STREET ADDRESS CITY-ST-ZIP LAKELAND FL 4.4 CITY-ST-ZIP ITILE MD □ DELETE □ Change □ Addition NAME GOFF, REV D 5.2 NAME STREET ADDRESS 1714 TIERRA ALTA DR. 5.3 STREET ADDRESS CITY-ST-ZIP LAKELAND FL 5.4 CITY-ST-ZIP			☐ DELETE	4.1 TITLE				☐ Change	Addition	
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CITY-ST-ZIP 6.4 CITY-ST-ZIP			İ	6.4 CITY-5	ST- ZIP					

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE IN ECUSIONAL DIRECTOR AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/99 (941) 644-7710
Date Daytime Phone #

RZE037 (11/98)