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**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 LAKELAND, FLORIDA

Principal Place of Business

**3020 SOUTH FLORIDA AVENUE
LAKELAND FL 33803**

Mailing Address

**3020 SOUTH FLORIDA AVENUE
LAKELAND FL 33803**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

11/05/1970

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

9. Name and Address of Current Registered Agent

**GOFF, REV. D
1714 TIERRA ALTA DR.
LAKELAND FL 33813**

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
MOBERG, MARK**
STREET ADDRESS **1802 CRECKBEND DR.**
CITY-ST-ZIP **LAKELAND FL**

TITLE ☐ DELETE

NAME **TD
ASHLEY, FRANK**
STREET ADDRESS **1102 BRIGTON WAY**
CITY-ST-ZIP **LAKELAND FL**

TITLE ☐ DELETE

NAME **SD
WESCHE, MARY JEAN**
STREET ADDRESS **5135 MISTY LAKE DRIVE**
CITY-ST-ZIP **MULBERRY FL**

TITLE ☐ DELETE

NAME **VD
FASSETT, JEFF**
STREET ADDRESS **D1703 VIRGINIA CT.**
CITY-ST-ZIP **LAKELAND FL**

TITLE ☐ DELETE

NAME **MD
GOFF, REV D**
STREET ADDRESS **1714 TIERRA ALTA DR.**
CITY-ST-ZIP **LAKELAND FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

CR2E037 (11/98)