

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90013 036 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 719646**

1. Entity Name

**ST. PAUL'S EVANGELICAL LUTHERAN CHURCH OF LAKELA**

Principal Place of Business

Mailing Address

3020 SOUTH FLORIDA AVENUE  
 LAKELAND FL 33803

4450 HARDEN BLVD  
 LAKELAND FL 33813-1433

2. Principal Place of Business

3. Mailing Address

4450 Harden Blvd  
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lakeland, FL

4. FEI Number

59-0799921

Applied For

Not Applicable

Zip

Country

Zip

Country

33813-1433

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

*Rev. D. Goff*

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

(NOTE: Registered Agent signature required when reinstating)

1/10/00

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	MOBERG, MARK	1802 CRECKBEND DR.	LAKELAND FL				
TD	ASHLEY, FRANK	1102 BRIGTON WAY	LAKELAND FL				
SD	WESCHE, MARY JEAN	5135 MISTY LAKE DRIVE	MULBERRY FL	SD	Trinklein, Tracy	5416 Overlook Point	Lakeland, FL 33813
VD	FASSETT, JEFF	D1703 VIRGINIA CT.	LAKELAND FL	VD	Randy Andersen	1245 Jefferson Dr	Lakeland, FL 33803
MD	GOFF, REV D	1714 TIERRA ALTA DR.	LAKELAND FL				

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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Rev. D. Goff*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/00

DATE

941-648-9858

Daytime Phone #

CR2E037 (9/99)