

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

0044631

DOCUMENT # 719646

1. Entity Name

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

02-19-2002 90083 012 ****61.25

Principal Place of Business

Mailing Address

**4450 HARDEN BLVD
 LAKELAND FL 33813-1433**

**4450 HARDEN BLVD
 LAKELAND FL 33813**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0799921

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

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	ED	<input type="checkbox"/> Delete
NAME	ANDERSON, RANDY	
STREET ADDRESS	1245 JEFFERSON DRIVE	
CITY-ST-ZIP	LAKELAND FL 33843	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STUART, DAVID	
STREET ADDRESS	1102 BRIGTON WAY	
CITY-ST-ZIP	LAKELAND FL 33913	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PAIDGEN, BARBARA	
STREET ADDRESS	1705 LOWAY AVE	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LINGARD, DAVID	
STREET ADDRESS	818 DEMINGTON STREET	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	MD	<input type="checkbox"/> Delete
NAME	GOFF, REV D	
STREET ADDRESS	1714 TIERRA ALTA DR.	
CITY-ST-ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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: _____

**ST PAUL LUTHERAN
 EXECUTIVE DIRECTOR**

Date

Daytime Phone #

1-30-02 863-499-1040

CR2E037 (9/01)