2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2004
Secretary of State

DOCUMENT# 719646

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

Current Principal Place of Business:

4450 HARDEN BLVD
LAKELAND, FL 338131433

New Principal Place of Business:

Current Mailing Address:

4450 HARDEN BLVD
LAKELAND, FL 33813

New Mailing Address:

FEI Number: 59-0799921 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: ED ( ) Delete
Name: WILHELM, KENNETH
Address: 1228 BEAFORD LN
City-St-Zip: LAKELAND, FL 33813

Title: TD ( ) Delete
Name: FREDEL, LARRY
Address: 1093 MEADOWWOOD PT
City-St-Zip: LAKELAND, FL 33811

Title: SD ( ) Delete
Name: WHITE, KIM
Address: 4826 GACHET BLVD S.
City-St-Zip: LAKELAND, FL 33813

Title: VD ( ) Delete
Name: WINKLES, DAVID
Address: 6011 OAKVIEW DR
City-St-Zip: LAKELAND, FL 33811

Title: MD ( ) Delete
Name: GOFF, REV D
Address: 1714 TIERRA ALTA DR.
City-St-Zip: LAKELAND, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ED (X) Change ( ) Addition
Name: WILHELM, KENNETH
Address: 1228 BEDFORD LN
City-St-Zip: LAKELAND, FL 33813

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MD (X) Change ( ) Addition
Name: GOFF, REV D
Address: 1714 TIERRA ALTA DR.
City-St-Zip: LAKELAND, FL 33813

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENNIS GOFF MD 01/27/2004

Electronic Signature of Signing Officer or Director — Date