

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90047 041 ****61.25

DOCUMENT # 719646

1. Entity Name

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



Principal Place of Business

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

Mailing Address

**4450 HARDEN BLVD
LAKELAND FL 33813**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-0799921**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Rev. D. Goff

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/6/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ED	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, RANDY	
STREET ADDRESS	1245 JEFFERSON DRIVE	
CITY-ST-ZIP	LAKELAND FL 33843	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	STUART, DAVID	
STREET ADDRESS	1102 BRIGTON WAY	
CITY-ST-ZIP	LAKELAND FL 33913	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	PAIDGEN, BARBARA	
STREET ADDRESS	1705 LOWAY AVE	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	VD	<input checked="" 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	ED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kenneth Wilhelm	
STREET ADDRESS	1228 Beaford Ln	
CITY-ST-ZIP	Lakeland FL 33813	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Larry Fredel	
STREET ADDRESS	1093 Meadowood Pt	
CITY-ST-ZIP	Lakeland, FL 33811	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kim White	
STREET ADDRESS	4826 Gachet Blvd S.	
CITY-ST-ZIP	Lakeland, FL 33813	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Winkles	
STREET ADDRESS	6011 Oakview Dr	
CITY-ST-ZIP	Lakeland, FL 33811	
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: *Rev. D. Goff*

1/6/03

CR2E037 (10/02)