

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

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mcgrtham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N01055 (5)**  
1. Corporation Name  
**FAITH LUTHERAN CHURCH OF LAKELAND, FLORIDA, INC.**



Principal Place of Business  
**211 EASTON DRIVE  
LAKELAND FL 33803**

Mailing Address  
**211 EASTON DRIVE  
LAKELAND FL 33803**

3. Date Incorporated or Qualified  
**01/24/1984**

3a. Date of Last Report  
**02/07/1995**

4. FEI Number  
**59-1821755**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24 25

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29 30

9. Name and Address of Current Registered Agent  
**SMITH, RUSS  
1105 COLONY ARMS DR  
LAKELAND FL 33813**

10. Name and Address of New Registered Agent  
81 Name  
**Carla McGee**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**5716 Emerald Ridge Blvd**  
83  
84 City  
**Lakeland** FL 85 Zip Code  
**33813**

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 *Carla McGee* DATE **3/29/96**  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input checked="" type="checkbox"/>
NAME	RUSS, SMITH	
STREET ADDRESS	1105 COLONY ARMS DR	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VD	<input checked="" type="checkbox"/>
NAME	MCGEE, CARLA	
STREET ADDRESS	5716 EMERALD RIDGE BLVD.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	TD	<input type="checkbox"/>
NAME	ECK, DONALD	
STREET ADDRESS	375 BRANNEN RD #242	
CITY-ST-ZIP	LAKELAND FL	
TITLE	SD	<input type="checkbox"/>
NAME	HOLTZ, BETTY J	
STREET ADDRESS	3523 DIAMOND TERR.	
CITY-ST-ZIP	MULBERRY FL	
TITLE	D	<input type="checkbox"/>
NAME	CERRA, LINDA	
STREET ADDRESS	703 SAGEWOOD DR.	
CITY-ST-ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGED	ADDED
1.1 TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	McGee, Carla		
1.3 STREET ADDRESS	5716 Emerald Ridge Blvd		
1.4 CITY-ST-ZIP	Lakeland, FL 33813		
2.1 TITLE	VD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Cerra, David		
2.3 STREET ADDRESS	703 Sagewood Drive		
2.4 CITY-ST-ZIP	Lakeland, FL 33813		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Donald G. Eck* DATE **2-6-96** DAYTIME PHONE # **941-682-8415**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)