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Jan 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business Mailing Address
211 EASTON DRIVE LAKELAND FL 33803 211 EASTON DRIVE LAKELAND FL 33803-2905

3. Date Incorporated or Qualified 01/24/1984 3a. Date of Last Report 04/04/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-1821755 Applied For Not Applicable
21 26 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required
22 27 City & State 28 City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
23 28 Zip Country 29 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No
24 25 29 30

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
MCGEE, CARLA 5716 EMERALD RIDGE BLVD. LAKELAND FL 33813
81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGEE, CARLA	1.2 NAME	
STREET ADDRESS	5716 EMERALD RIDGE BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33813	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CERRA, DAVID	2.2 NAME	
STREET ADDRESS	703 SAGEWOOD DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33813	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECK, DONALD	3.2 NAME	
STREET ADDRESS	375 BRANNEN RD #242	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLTZ, BETTY J	4.2 NAME	
STREET ADDRESS	3523 DIAMOND TERR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MULBERRY FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CERRA, LINDA	5.2 NAME	
STREET ADDRESS	703 SAGEWOOD DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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 DONALD G. Eck 1-7-97 941-682-8415
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0052069

CR2E037 (9/96)