

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90016 041 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N01055**

1. Corporation Name  
**FAITH LUTHERAN CHURCH OF LAKE LAND, FLORIDA, INC.**

Principal Place of Business 211 EASTON DRIVE LAKE LAND FL 33803	Mailing Address 211 EASTON DRIVE LAKE LAND FL 33803
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified <b>01/24/1984</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <b>59-1821755</b>
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent

**MCGEE, CARLA**  
**5716 EMERALD RIDGE BLVD.**  
**LAKE LAND FL 33813**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 F. McGee* **Carla F. McGee** **1/24/99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCGEE, CARLA	
STREET ADDRESS	5716 EMERALD RIDGE BLVD.	
CITY-ST-ZIP	LAKE LAND FL 33813	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CERRA, DAVID	
STREET ADDRESS	703 SAGEWOOD DRIVE	
CITY-ST-ZIP	LAKE LAND FL 33813	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ECK, DONALD	
STREET ADDRESS	375 BRANNEN RD #242	
CITY-ST-ZIP	LAKE LAND FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HOLTZ, BETTY J	
STREET ADDRESS	3523 DIAMOND TERR.	
CITY-ST-ZIP	MULBERRY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CERRA, LINDA	
STREET ADDRESS	703 SAGEWOOD DR.	
CITY-ST-ZIP	LAKE LAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TD
3.3 STREET ADDRESS	CATING, GUS
3.4 CITY-ST-ZIP	3803 OLD HWY 37 VILLA #23 LAKE LAND FL 33813
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SD
4.3 STREET ADDRESS	ASHCRAFT, MARY
4.4 CITY-ST-ZIP	723 HOLLINGSWORTH ROAD LAKE LAND FL 33801
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *Carla F. McGee* **REQUIRED** **1/24/99 (941)682-8415**  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E037 (1/98)