

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90086 011 ****61.25

DOCUMENT # N01055

1. Entity Name

FAITH LUTHERAN CHURCH OF LAKELAND, FLORIDA, INC.

AUUU70JU



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
211 EASTON DRIVE LAKELAND FL 33803		211 EASTON DRIVE LAKELAND FL 33803-2935	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	

4. FEI Number		Applied For	
59-1821755		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
<input type="checkbox"/>		<input type="checkbox"/>	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
MCGEE, CARLA 5716 EMERALD RIDGE BLVD. 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.

SIGNATURE Carla F. McGee *Carla F. McGee* DATE 1-11-00

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGEE, CARLA		NAME		
STREET ADDRESS	5716 EMERALD RIDGE BLVD.		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33813		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CERRA, DAVID		NAME	RUFFIN HARVILLE	
STREET ADDRESS	703 SAGEWOOD DRIVE		STREET ADDRESS	5901 TROPHY LOOP	
CITY-ST-ZIP	LAKELAND FL 33813		CITY-ST-ZIP	LAKELAND, FL 33811	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATING, GUS		NAME		
STREET ADDRESS	3803 OLD HWY 37 VILLA 323		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33813		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHCRAFT, MARY		NAME		
STREET ADDRESS	723 HOLLINGSWORTH RD		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33801		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CERRA, LINDA		NAME		
STREET ADDRESS	703 SAGEWOOD DR.		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Carla F. McGee *Carla F. McGee* DATE 1-11-00 DAYTIME PHONE # 863-284-1964

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #