

FILE NOW: FILING FEE IS \$61.25

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 LAKELAND, FLORIDA, INC.**

Principal Place of Business

Mailing Address

**211 EASTON DRIVE  
LAKELAND FL 33803****211 EASTON DRIVE  
LAKELAND FL 33803-2935**

3. Date Incorporated or Qualified

**01/24/1984**

3a. Date of Last Report

**04/04/1996**

2. Principal Place of Business

2a. Mailing Address

**21****26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22****27**

City &amp; State

City &amp; State

**23****28**

Zip

Country

Zip

Country

**24****25****29****30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MC GEE, 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 ☐ DELETENAME **MC GEE, CARLA**  
STREET ADDRESS **5716 EMERALD RIDGE BLVD.**  
CITY-ST-ZIP **LAKELAND FL 33813**TITLE VD ☐ DELETENAME **CERRA, DAVID**  
STREET ADDRESS **703 SAGEWOOD DRIVE**  
CITY-ST-ZIP **LAKELAND FL 33813**TITLE TD ☐ DELETENAME **ECK, DONALD**  
STREET ADDRESS **375 BRANNEN RD #242**  
CITY-ST-ZIP **LAKELAND FL**TITLE SD ☐ DELETENAME **HOLTZ, BETTY J**  
STREET ADDRESS **3523 DIAMOND TERR.**  
CITY-ST-ZIP **MULBERRY FL**TITLE D ☐ DELETENAME **CERRA, LINDA**  
STREET ADDRESS **703 SAGEWOOD DR.**  
CITY-ST-ZIP **LAKELAND FL**TITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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**

Date

**1-7-97**Daytime Phone # **941-682-8415**  
**0052069**

CR2E037 (9/96)