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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra E. Morfitt Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 753587 (5)**

1. Corporation Name  
**GRACE EVANGELICAL LUTHERAN CHURCH OF LAKELAND, F LORIDA, INC.**

Principal Place of Business <b>745 S INGRAHAM AVE LAKELAND FL 33801</b>	Mailing Address <b>745 S INGRAHAM AVE LAKELAND FL 33801</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/01/1980</b>	3a. Date of Last Report <b>03/07/1994</b>
4. FEI Number <b>59-0823946</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MATTSON, WALTER R. (ESQUIRE)  
1240 E. LIME STREET  
LAKELAND FL 33801**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and tax if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	NAME <b>MCPEAK, BARBARA</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>3804 ERIC CT</b>	CITY - ST - ZIP <b>LAKELAND FL 33813</b>	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY - ST - ZIP	
TITLE <b>V</b>	NAME <b>SILVER, RICHARD</b>	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>T</b>
STREET ADDRESS <b>5325 MONTSERRAT DR</b>	CITY - ST - ZIP <b>LAKELAND FL 33813</b>	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
TITLE <b>S</b>	NAME <b>CARPANINI, BARBARA</b>	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>D</b>
STREET ADDRESS <b>2310 MAGNOLIA AVE</b>	CITY - ST - ZIP <b>LAKELAND FL 33813</b>	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
TITLE <b>D</b>	NAME <b>FLEKKE, MARY</b>	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>2021 WINDWARD PASS</b>	CITY - ST - ZIP <b>LAKELAND FL 33813</b>	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
TITLE <b>D</b>	NAME <b>CARNS, BEN</b>	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>135 COUNTRY CLUB LN</b>	CITY - ST - ZIP <b>MULBERRY FL 33860</b>	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
TITLE <b>D</b>	NAME <b>KINDER, DAVID</b>	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>1115 E PALMETTO ST</b>	CITY - ST - ZIP <b>LAKELAND FL 33801</b>	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 110.07(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: *Barbara J McPeak* 4/9/95 813-752-0077  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #