## **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 #

753587

(5)

GRACE EVANGELICAL LUTHERAN CHURCH OF LAKELAND, FLORIDA, INC.

Principal Place of Business

Mailing Address

## FILED Mar 17 1997 8:00am Secretary of State



745 S INGRAHAM AVE LAKELAND FL 33801		745 S INGRAHAM AVE LAKELAND FL 33801-5601					
					3. Date Incorporated or Qualified 3a. Date of Last F 08/01/1980 03/28/19		
2. Principal P	lace of Business	28. Mailing Address			4. FEI Number A	oplied For	
[21]		26				ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Additional equired	
City & State		City & State				May Be	
ZIp Country		Zip Country		tru	Trust Fund Contribution Added to Fees		
24	26	29	30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MATTSON, WALTER R. (ESQUIRE)			ļ.	32 Street	Address (P.O. Box Number is Not Acceptable)		
1100 OAKBRIDGE PKWY, SUITE 201				3000	Address (P.O. Box Normber is Not Acceptable)	}	
	ND FL 33803		1	33			
			ļ	34 City	F1 85 Zip	Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named of					d corporation submits this statement for the purpose of changing i	ts 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 trice if applicable (NOTE: Registered Agent signature)				Agent signatur			
12.			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
TITLE	P PERMIT TO ANNU	DELETE	1.1 1170		☐ Change	Addition	
NAME	HERRICK, JOANN		1.2 NA				
STREET ADDRESS	AND DEDOVICE			EET ADDRESS			
CITY-ST-ZIP	T	<b>₩</b> DELETE	2.1 TITL	r-\$1-ZIP	T Change	Addition	
NAME	SILVER, RICHARD	22	2.2 NAN		POWERS, LYNN		
STREET ADDRESS	5325 MONTSERRAT DR			eft address	200/ 2017/1015		
CITY-ST-ZIP	A A A A A A A A A A A A A A A A A A A		4	Y-ST-ZIP	LAKELAND FL 33813	Ì	
TITLE	D	DELETE	3.1 7(1)		D Change	X Addition	
NAME	CARPANINI, BARBARA		3.2 NAN	1E	ANDERSON, KAY	- 1	
STREET ADDRESS	2310 MAGNOLIA AVE		3 3 STR	FET ADDRESS	· ·		
CITY-ST-ZIP	LAKELAND FL			Y-ST-ZIP	LAKELAND FL 33813		
TITLE	D	☐ DELETE	4.1 TITL	€	Change	Addition	
NAME	FLEKKE, MARY		4. 2 NAI			ţ	
STREET ADDRESS	2021 WINDWARD PASS		4.3 STR		}		
CITY-ST-ZIP	LAKELAND FL 33813	T BELETE	_	r-ST-ZIP		Adam.	
TITLE	D LAWDENCE LADDY	DELETE	5 1 TITE		☐ Change	Addition	
NAME	LAWRENCE, LARRY		5.2 NAA				
STREET ADDRESS	742 SAGEWOOD DR			EET ADDRESS			
CITY-ST-ZIP TITLE	LAKELAND FL D	DELETE	5.4 CITY 6.1 TITL	r-S1-2IP	Change	Addition	
NAME	KINDER, DAVID	vectic	6.2 NAN		Change		
STREET ADDRESS	1115 E PALMETTO ST			EET ADDRESS			
,	LAKELAND FL 33801		3			\	
CITY-ST-ZIP	PAVETAIND LE 22001	1 30 11 20 11	6.4 CH	r-ST-ZIP	1 2 2 2 440 07/07/1 51 11 01 11 11 11 11 11		

i. a nereby 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 attackment with an address.

CICMATURE.

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3-7-97