


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 27 1998 8:00am  
Secretary of State**

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # 753587 (5)**  
1. Corporation Name  
**GRACE EVANGELICAL LUTHERAN CHURCH OF LAKELAND, FLORIDA, INC.**



|  |  |
|--|--|
| Principal Place of Business<br><b>745 S INGRAHAM AVE<br/>LAKELAND FL 33801</b> | Mailing Address<br><b>745 S INGRAHAM AVE<br/>LAKELAND FL 33801</b> |
|--|--|

|  |   |   |
|--|---|---|
| 3. Date Incorporated or Qualified<br><b>08/01/1980</b> |   |   |
| 4. FEI Number<br><b>59-0823946</b>                     | Applied For<br><input type="checkbox"/> | Not Applicable<br><input checked="" type="checkbox"/> |

|  |                                  |
|--|----------------------------------|
| 21. Principal Place of Business<br><b>21</b> | 2a. Mailing Address<br><b>28</b> |
| Suite, Apt. #, etc.<br><b>22</b>             | Suite, Apt. #, etc.<br><b>27</b> |
| City & State<br><b>23</b>                    | City & State<br><b>28</b>        |
| Zip<br><b>24</b>                             | Country<br><b>25</b>             |
| Zip<br><b>29</b>                             | Country<br><b>30</b>             |

|  |                                       |
|--|---------------------------------------|
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b> |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>    |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                                       |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |

9. Name and Address of Current Registered Agent  
**MATTSON, WALTER R. (ESQUIRE)  
1100 OAKBRIDGE PKWY, SUITE 201  
LAKELAND FL 33803**

10. Name and Address of New Registered Agent

|  |                                |
|--|--------------------------------|
| 81 Name<br><b>CARPANINI, MARK F.</b>   |                                |
| 82 Street Address (P.O. Box Number is Not Acceptable)<br><b>5725 SCOTT LAKE HILLS LANE</b> |                                |
| 83   |                                |
| 84 City<br><b>LAKELAND</b>   | 85 Zip Code<br><b>FL 33813</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 **Mark F. Carpanini** *Mark F. Carpanini* **3/17/98**  
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          | <b>P</b>                     | <input type="checkbox"/> DELETE            |
| NAME           | <b>HERRICK, JOANN</b>        |  |
| STREET ADDRESS | <b>241 FIVE IRON DR</b>      |  |
| CITY-ST-ZIP    | <b>MULBERRY FL</b>           |  |
| TITLE          | <b>T</b>                     | <input type="checkbox"/> DELETE            |
| NAME           | <b>POWERS, LYNN</b>          |  |
| STREET ADDRESS | <b>3804 DOVEHOLLOW DRIVE</b> |  |
| CITY-ST-ZIP    | <b>LAKELAND FL</b>           |  |
| TITLE          | <b>D</b>                     | <input type="checkbox"/> DELETE            |
| NAME           | <b>ANDERSON, KAY</b>         |  |
| STREET ADDRESS | <b>545 MARKET SQUARE W</b>   |  |
| CITY-ST-ZIP    | <b>LAKELAND FL</b>           |  |
| TITLE          | <b>D</b>                     | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>FLEKKE, MARY</b>          |  |
| STREET ADDRESS | <b>2021 WINDWARD PASS</b>    |  |
| CITY-ST-ZIP    | <b>LAKELAND FL 33813</b>     |  |
| TITLE          | <b>D</b>                     | <input type="checkbox"/> DELETE            |
| NAME           | <b>LAWRENCE, LARRY</b>       |  |
| STREET ADDRESS | <b>742 SAGEWOOD DR</b>       |  |
| CITY-ST-ZIP    | <b>LAKELAND FL</b>           |  |
| TITLE          | <b>D</b>                     | <input type="checkbox"/> DELETE            |
| NAME           | <b>KINDER, DAVID</b>         |  |
| STREET ADDRESS | <b>1115 E PALMETTO ST</b>    |  |
| CITY-ST-ZIP    | <b>LAKELAND FL 33801</b>     |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                           |  |
|--------------------|---------------------------|--|
| 1.1 TITLE          | <b>D</b>                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | <b>HERRICK, JOANN</b>     |  |
| 1.3 STREET ADDRESS | <b>241 FIVE IRON DR</b>   |  |
| 1.4 CITY-ST-ZIP    | <b>MULBERRY, FL 33860</b> |  |
| 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 type="checkbox"/> Addition            |
| 3.2 NAME           |                           |  |
| 3.3 STREET ADDRESS |                           |  |
| 3.4 CITY-ST-ZIP    |                           |  |
| 4.1 TITLE          | <b>P</b>                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME           | <b>McPEAK, BARBARA</b>    |  |
| 4.3 STREET ADDRESS | <b>3804 ERIC COURT</b>    |  |
| 4.4 CITY-ST-ZIP    | <b>LAKELAND, FL 33813</b> |  |
| 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.

SIGNATURE: **Barbara McPeak** *Barbara McPeak* **3/19/98** **813-753-0077**

CR2E087 (10/97)