

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90065 001 ****61.25

DOCUMENT # 753587

1. Entity Name

GRACE EVANGELICAL LUTHERAN CHURCH OF LAKELAND, F

Principal Place of Business

Mailing Address

745 S INGRAHAM AVE
 LAKELAND FL 33801

745 S INGRAHAM AVE
 LAKELAND FL 33801-5601

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0823946

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARPANINI, MARK F
5725 SCOTT LAKE HILLS LANE
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

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.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	HERRICK, JOANN	
STREET ADDRESS	241 FIVE IRON DR	
CITY-ST-ZIP	MULBERRY FL 33860	
TITLE	TD	<input type="checkbox"/> Delete
NAME	POWERS, LYNN	
STREET ADDRESS	3804 DOVEHOLLOW DRIVE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, KAY	
STREET ADDRESS	545 MARKET SQUARE W	
ST-ZIP	LAKELAND FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	PERDUE, BRUCE	
STREET ADDRESS	5583 BLOOMFIELD BLVD	
ST-ZIP	LAKELAND FL 33810	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LAWRENCE, LARRY	
STREET ADDRESS	742 SAGEWOOD DR	
ST-ZIP	LAKELAND FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KINDER, DAVID	
STREET ADDRESS	1115 E PALMETTO ST	
ST-ZIP	LAKELAND FL 33801	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBARA MC PEAK	
STREET ADDRESS	3804 ERIC COURT	
CITY-ST-ZIP	LAKELAND, FL. 33813	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Signature
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/00
 Date

Daytime Phone #