

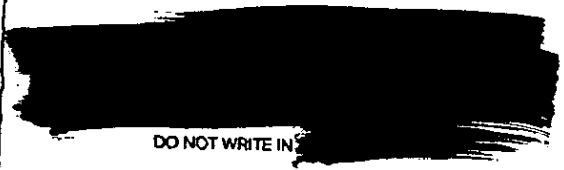
FILED
May 28, 2002 8:00 am
Secretary of State

04-01-2002 90668 040 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

4/1/1

29994



DOCUMENT # 753587

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

Principal Place of Business Mailing Address
**745 S INGRAHAM AVE 745 S INGRAHAM AVE
 LAKELAND FL 33801 LAKELAND FL 33801**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **59-0823946** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent
**CARPANINI, MARK F
 5725 SCOTT LAKE HILLS LANE
 LAKELAND FL 33813**

7. Name and Address of New Registered Agent
 Name **Anderson, Kay**
 Street Address (P.O. Box Number is Not Acceptable)
545 MARKET SQUARE
 City **LAKELAND, FL. 33813-2026 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 *Kay Anderson* DATE **5/14/02**
Signature, typed or printed name of registered agent, and day if applicable. (NOTE: Registered Agent signature required when reappointing)

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 NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CARPANINI, MARK 5725 SCOTT LAKE HILLS LANE LAKELAND FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President ANDERSON, KAY 545 MARKET SQUARE LAKELAND, FL. 33813-2026 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD POWERS, LYNN 3804 DOVEHOLLOW DRIVE LAKELAND FL 33813-4355 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRESIDENT ANDERSON, KAY 545 MARKET SQUARE W LAKELAND FL 33813-2026 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director CARPANINI, MARK 5725 SCOTT LAKE HILLS LANE LAKELAND, FL. 33813 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DIRECTOR PERDUE, BRUCE 5583 BLOOMFIELD BLVD LAKELAND FL 33810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director PERDUE, BRUCE 5583 BLOOMFIELD BLVD LAKELAND, FL. 33810 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEAK, BARBARA M 3804 ERIC COURT LAKELAND FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER, TART, PAUL 6157 SEAGULL LANE LAKELAND, FL. 33809-5686 <input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2007 (9/01)

12. 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 817, 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 Required* Date **5/22/02** Daytime Phone #

Kay Anderson 4/18/02