


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90035 012 \*\*\*\*61.25

**DOCUMENT # 753587**

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



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

Mailing Address  
**745 S INGRAHAM AVE  
 LAKELAND, FL 33801**

**54006638**



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

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01282004 Chg-NP CR2E037 (10/03)

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

~~ANDERSON, KAY~~  
~~6175 SAEGULL~~  
~~LAKELAND, FL 33809~~

7. Name and Address of New Registered Agent

Name  
**Mel Ratz**

Street Address (P.O. Box Number is Not Acceptable)  
**6238 Sandpiper Drive**

City  
**Lakeland**

FL Zip Code  
**33809**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Melvin E. Ratz* **8 Jan 2004**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	<del>PERDUE, BRUCE</del>	
STREET ADDRESS	<del>6683 BLOOMFIELD BLVD.</del>	
CITY-ST-ZIP	<del>LAKELAND, FL 33810</del>	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERNTH, TOM	
STREET ADDRESS	715 JESSANDA	
CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<del>CARPANINI, MARK</del>	
STREET ADDRESS	<del>5725 SCOTT LAKE HILLS LANE</del>	
CITY-ST-ZIP	<del>LAKELAND, FL 33813</del>	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILLMAN, CHARLES	
STREET ADDRESS	2009 HOOFF PRINT LANE	
CITY-ST-ZIP	LAKELAND, FL 33811	
TITLE	D (2004 President)	<input type="checkbox"/> Delete
NAME	PEAK, BARBARA M J	
STREET ADDRESS	3804 ERIC COURT	
CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE	T	<input type="checkbox"/> Delete
NAME	TART, PAUL	
STREET ADDRESS	6157 SEAGULL LANE	
CITY-ST-ZIP	LAKELAND, FL 338095686	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Craig Vincent	
STREET ADDRESS	2016 Charnes Ct.	
CITY-ST-ZIP	Lakeland, Fl. 33813	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kermit Molleur	
STREET ADDRESS	2062 Indian Sky Circle	
CITY-ST-ZIP	Lakeland, Fl. 33813	
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		

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 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: *Barbara J Peak* *Melvin E. Ratz* **953-3300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*8 Feb 2004*  
*Church phone*

City, State LAKELAND FL  
Zip Code & Country 33811

#753587

Title D  
Name (Last, First, Middle, Title) VINCENT CRAIG

54006638

-or- Entity Name  
Street Address 2016 CHARNES CT.

City, State LAKELAND FL  
Zip Code & Country 33813

Title D  
Name (Last, First, Middle, Title) MOLLEUR KERMIT

-or- Entity Name  
Street Address 2062 INDIAN SKY CIRCLE

City, State LAKELAND FL  
Zip Code & Country 33813

List more than six Officers/Directors  No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title T  
Officer/Director Signature PAUL TART

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