


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90091 009 ****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**

50033492



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01052005 Chg-NP CR2E037 (10/03)

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
**RATZ, MEL
 6238 SANDPIPER DRIVE
 LAKELAND, FL 33809**

7. Name and Address of New Registered Agent

Name
White, Barbara

Street Address (P.O. Box Number is Not Acceptable)
4657 Yacht Avenue

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

SIGNATURE Barbara P White
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, 2005**

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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete VINCENT, CRAIG 2016 CHARNES CT LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BERNTH, TOM 715 JESSANDA LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MOLLEUR, KERMIT 2062 INDIAN SKY CIRCLE LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HILLMAN, CHARLES 2009 HOOFF PRINT LANE LAKELAND, FL 33811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PEAK, BARBARA M 3804 ERIC COURT LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete TART, PAUL 6157 SEAGULL LANE LAKELAND, FL 338095686

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Vincent, Craig 2016 Charnes Ct. Lakeland, Fl. 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Mark Hofstad 6525 Cresent Lake Drive Lakeland, Fl. 33813-1827
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Barbara McPeak 3804 Eric Court Lakeland, Fl. 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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