

# 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052005 Chg-NP CR2E037 (10/03)

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **D VINCENT, CRAIG**  
STREET ADDRESS **2016 CHARNES CT**  
CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE ☒ Change ☐ Addition  
NAME **T Vincent, Craig**  
STREET ADDRESS **2016 Charnes Ct**  
CITY-ST-ZIP **Lakeland, Fl. 33813**

TITLE ☐ Delete  
NAME **D BERNTH, TOM**  
STREET ADDRESS **715 JESSANDA**  
CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D MOLLEUR, KERMIT**  
STREET ADDRESS **2062 INDIAN SKY CIRCLE**  
CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE ☒ Change ☐ Addition  
NAME **D Mark Hofstad**  
STREET ADDRESS **6525 Crescent Lake Drive**  
CITY-ST-ZIP **Lakeland, Fl. 33813-1827**

TITLE ☐ Delete  
NAME **D HILLMAN, CHARLES**  
STREET ADDRESS **2009 HOOFF PRINT LANE**  
CITY-ST-ZIP **LAKELAND, FL 33811**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D PEAK, BARBARA M**  
STREET ADDRESS **3804 ERIC COURT**  
CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE ☒ Change ☐ Addition  
NAME **P Barbara McPeak**  
STREET ADDRESS **3804 Eric Court**  
CITY-ST-ZIP **Lakeland, Fl. 33813**

TITLE ☐ Delete  
NAME **T TART, PAUL**  
STREET ADDRESS **6157 SEAGULL LANE**  
CITY-ST-ZIP **LAKELAND, FL 338095686**

TITLE ☐ Change ☐ 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 P White*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #