


~~2005~~ **NOT-FOR-PROFIT CORPORATION**
2006 ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90454 025 ****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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0823946	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent RATZ, MEL 6238 SANDPIPER DRIVE LAKELAND FL 33809 <i>delete</i>			
7. Name and Address of New Registered Agent		Name: <i>White, Barbara</i> Street Address (P.O. Box Number is Not Acceptable): <i>421 Cadden St.</i> <i>Apt. #1</i> City: <i>Lakeland</i> FL Zip Code: <i>33803</i>			
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: <i>Barbara P. White, Corporate Secretary</i> DATE: <i>4/5/06</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	<i>TREAS.</i> VINCENT, CRAIG 2016 CHARNES CT LAKELAND FL 33813	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PRES.</i> <i>Herrick John</i> 530 S Florida Ave Lakeland, FL 33801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i> BERNTH, TOM 715 JESSANDA LAKELAND FL 33813	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V. Pres.</i> <i>Hofstad, Mark</i> 6525 Crescent Lake Drive Lakeland, FL 33813	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i> MOLLEUR, KERMIT 2062 INDIAN SKY CIRCLE LAKELAND FL 33813	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Secy. / Agent</i> <i>White, Barbara</i> 421 Cadden St. Lakeland, FL 33803	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i> HILLMAN, CHARLES 2009 HOOF PRINT LANE LAKELAND FL 33811	<input checked="" 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	<i>D</i> 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	<i>D</i> TART, PAUL 6157 SEAGULL LANE LAKELAND FL 33809-5686	<input checked="" type="checkbox"/> Delete	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 empowerments.					
SIGNATURE: <i>Barbara P. White</i>			<i>John S. Herick, President</i> 4-27-06 4-10-2006 863-686-5585 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		