

**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

6005110W



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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

*delete*

7. Name and Address of New Registered Agent

Name *White, Barbara*

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

*421 Cannon St.*

*Apt. #1*

City *Lakeland*

FL

Zip Code *33803*

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*

*Corporate Secretary*

DATE

*4/5/06*

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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	<i>TREAS.</i>	<input type="checkbox"/> Delete
NAME	VINCENT, CRAIG	
STREET ADDRESS	2016 CHARNES CT	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BERNTH, TOM	
STREET ADDRESS	715 JESSANDA	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOLLEUR, KERMIT	
STREET ADDRESS	2062 INDIAN SKY CIRCLE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HILLMAN, CHARLES	
STREET ADDRESS	2009 HOOF PRINT LANE	
CITY-ST-ZIP	LAKELAND FL 33811	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEAK, BARBARA M	
STREET ADDRESS	3804 ERIC COURT	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	TART, PAUL	
STREET ADDRESS	6157 SEAGULL LANE	
CITY-ST-ZIP	LAKELAND FL 33809-5686	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<i>PRES.</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Herrick John</i>	
STREET ADDRESS	<i>530 S Florida Ave</i>	
CITY-ST-ZIP	<i>Lakeland, FL 33801</i>	
TITLE	<i>V. Pres.</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Hofstad, Mark</i>	
STREET ADDRESS	<i>6525 Crescent Lake Drive</i>	
CITY-ST-ZIP	<i>Lakeland, FL 33813</i>	
TITLE	<i>Secy. / Agent</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>White, Barbara</i>	
STREET ADDRESS	<i>421 Cannon St.</i>	
CITY-ST-ZIP	<i>Lakeland, FL 33803</i>	
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 empowerments.

SIGNATURE: *Barbara P. White* Registered Agent

*4-27-06*

4-10-2006 863-686-5585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #