

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753587

FILED
Apr 19, 2007
Secretary of State

Entity Name: GRACE EVANGELICAL LUTHERAN CHURCH OF LAKE LAND, FLORIDA, INC.

Current Principal Place of Business:

745 S INGRAHAM AVE
LAKE LAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

745 S INGRAHAM AVE
LAKE LAND, FL 33801

New Mailing Address:

FEI Number: 59-0823946

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE, BARBARA
421 CANNON ST
APT 1
LAKE LAND, FL 33803 US

Name and Address of New Registered Agent:

RAMOS, ALICIA
1507 LAKE LAND HILLS BLVD.
109
LAKE LAND, FL 33803 US

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.

SIGNATURE: ALICIA RAMOS

04/19/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: VINCENT, CRAIG
Address: 2016 CHARNES CT
City-St-Zip: LAKE LAND, FL 33813

Title: VP () Delete
Name: HOFSTAD, MARK
Address: 6525 CRESCENT LAKE DR
City-St-Zip: LAKE LAND, FL 33813

Title: SA (X) Delete
Name: WHITE, BARBARA
Address: 421 CANNON ST
City-St-Zip: LAKE LAND, FL 33803

Title: P (X) Delete
Name: MCPEAK, BARBARA
Address: 3804 ERIC COURT
City-St-Zip: LAKE LAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALICIA RAMOS

ACCT

04/19/2007

Electronic Signature of Signing Officer or Director

Date