

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90844 036 \*\*\*\*61.25

**DOCUMENT # 753587**



1. Entity Name  
**GRACE EVANGELICAL LUTHERAN CHURCH OF LAKE LAND, F  
LORIDA, INC.**

Principal Place of Business Mailing Address  
**745 S INGRAHAM AVE 745 S INGRAHAM AVE  
LAKE LAND FL 33801 LAKE LAND 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** 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  
~~ANDERSON, KAY~~  
~~545 MARKET SQUARE~~  
~~LAKE LAND FL 33813~~

7. Name and Address of New Registered Agent  
Name **PAUL TART**  
Street Address (P.O. Box Number Is Not Acceptable)  
**6175 SEAGULL**  
City **LAKE LAND** FL Zip Code **33809**

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 *Paul Tart* (NOTE: Registered Agent signature required when reinstating) DATE 2-27-03  
**PAUL TART** Name of registered agent and title if applicable.

**FILE NOW: FEE IS \$61.25**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<del>ANDERSON, KAY</del>	
STREET ADDRESS	<del>545 MARKET SQUARE</del>	
CITY-ST-ZIP	<del>LAKE LAND FL 33813</del>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<del>POWERS, LYNN</del>	
STREET ADDRESS	<del>3804 DOVEHOLLOW DRIVE</del>	
CITY-ST-ZIP	<del>LAKE LAND FL</del>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CARPANINI, MARK</b>	
STREET ADDRESS	<b>5725 SCOTT LAKE HILLS LANE</b>	
CITY-ST-ZIP	<b>LAKE LAND FL 33813</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<del>PERDUE, BRUCE</del>	
STREET ADDRESS	<del>5583 BLOOMFIELD BLVD</del>	
CITY-ST-ZIP	<del>LAKE LAND FL 33810</del>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PEAK, BARBARA M</b>	
STREET ADDRESS	<b>3804 ERIC COURT</b>	
CITY-ST-ZIP	<b>LAKE LAND FL 33813</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>TART, PAUL</b>	
STREET ADDRESS	<b>6157 SEAGULL LANE</b>	
CITY-ST-ZIP	<b>LAKE LAND FL 33809-5686</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PERDUE, BRUCE</b>	
STREET ADDRESS	<b>5583 BLOOMFIELD BLVD.</b>	
CITY-ST-ZIP	<b>LAKE LAND, FL. 33810</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOM BERNTH</b>	
STREET ADDRESS	<b>715 JESSANDA</b>	
CITY-ST-ZIP	<b>LAKE LAND, FL. 33813</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHARLES HILLMAN</b>	
STREET ADDRESS	<b>2009 HOOFF PRINT LANE</b>	
CITY-ST-ZIP	<b>LAKE LAND, FL. 33811</b>	
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 empowered.

SIGNATURE: *Paul Tart* **PAUL TART** DATE: 2-27-03 **863-686-5586**

CR2E037 (10/02)