

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 3:36

DOCUMENT # N33350 (2)

1. Corporation Name

LORD OF LIFE EVANGELICAL LUTHERAN CHURCH, INC.

Principal Place of Business

2104 MUD LAKE ROAD
PLANT CITY FL 33567

Mailing Address

117 W ALEXANDER STREET, #178
PLANT CITY FL 33566-7155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/19/1989

3a. Date of Last Report

03/22/1994

4. FEI Number

59-2954867

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

33567-1008

2a. Mailing Address

26

2104 MUD LAKE ROAD

27

Suite, Apt. #, etc.

28

PLANT CITY, FL

29

33567-1008

30

Country

9. Name and Address of Current Registered Agent

SPICKENAGEL, PETER R
497 LAKE CIR
PLANT CITY FL 33565

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

\$
CULVER, MARGARET EVELY
3009 PINE CLUB DR
PLANT CITY FL

D
BUFF, MARINA L.
4620 EASTWIND DRIVE
PLANT CITY FL

PD
ARMAGOST, BARBARA
2910 ASTON AVENUE
PLANT CITY FL

VD
HOFFMAN, JOHN
472 COUNTRY MEADOWS BLVD
PLANT CITY FL

TD
SPICKENAGEL, PETER R.
497 LAKE CIRCLE
PLANT CITY FL

D
COX, THOMAS D
1907 DERBYWOOD DR
BRANDON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SD

MILLER, SUB ELLEN
440 S MULRENNAN ROAD
VALRICO, FL.

PD

LESTER BERRY
205 VALENCIA ST N.
PLANT CITY, FL.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Peter R. Spickenagel

PETER R. SPICKENAGEL 3-17-95 813-754-0987

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE NUMBER