

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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  
**2104 MUD LAKE RD  
PLANT CITY FL 33567  
US**

3. Date Incorporated or Qualified  
**07/19/1989**

4. FEI Number  
**59-2954867**

Applied For  
☐ Not Applicable

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29

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. Is this nonprofit corporation a homeowners association?  
☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  
☐ Yes ☒ No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LLOYD, DAVID W	
STREET ADDRESS	1906 HORESHORE DR	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LANE, JUDITH K	
STREET ADDRESS	503 WILDER RD	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PETERSON, DANE	
STREET ADDRESS	5307 W. STAFFORD RD	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	VAN OOSTEN, CHARLES D	
STREET ADDRESS	2723 HORSESHORE DR	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SPICKENAGEL, PETER R.	
STREET ADDRESS	497 LAKE CIRCLE	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COX, THOMAS D	
STREET ADDRESS	1907 DERBYWOOD DR	
CITY-ST-ZIP	BRANDON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FAY, DENNIS	
1.3 STREET ADDRESS	2206 CLUB HOUSE DR.	
1.4 CITY-ST-ZIP	PLANT CITY, FL 33567	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	STOUTENBURG, ARTHUR L	
4.3 STREET ADDRESS	4005 WOODS POINTE WAY	
4.4 CITY-ST-ZIP	VALRICO, FL 33594	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ANDERSON, ARVID H	
6.3 STREET ADDRESS	1109 E SANDLEWOOD DR	
6.4 CITY-ST-ZIP	PLANT CITY, FL 33566	

14. 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 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 4-18-98 813-754-0937

CR2E037 (10/97)