


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Jun 24, 1999 8:00 am**  
**Secretary of State**

06-24-1999 90008 027 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N33350</b>					
1. Corporation Name <b>LORD OF LIFE EVANGELICAL LUTHERAN CHURCH, INC.</b>					
Principal Place of Business <b>2104 MUD LAKE ROAD PLANT CITY FL 33567</b>			Mailing Address <b>2104 MUD LAKE RD PLANT CITY FL 33567 US</b>		
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>07/19/1989</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>59-2954867</b>	
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>24</b>		Country <b>25</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>SPICKENAGEL, PETER R 497 LAKE CIR PLANT CITY FL 33565</b>			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City <b>FL</b> 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <b>SD</b> <input checked="" type="checkbox"/> DELETE			1.1 TITLE <b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME <b>FAY, DENNIS</b>			1.2 NAME <b>COLLIDGE, SUEANN</b>		
STREET ADDRESS <b>2206 CLUB HOUSE DRIVE</b>			1.3 STREET ADDRESS <b>2774 GOLF LAKE DR.</b>		
CITY-ST-ZIP <b>PLANT CITY FL 33567</b>			1.4 CITY-ST-ZIP <b>PLANT CITY, FL 33567</b>		
TITLE <b>VD</b> <input checked="" type="checkbox"/> DELETE			2.1 TITLE <b>VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME <b>LANE, JUDITH K</b>			2.2 NAME <b>ENGLE, HARVEY</b>		
STREET ADDRESS <b>503 WILDER RD</b>			2.3 STREET ADDRESS <b>508 CLARA DR.</b>		
CITY-ST-ZIP <b>PLANT CITY FL</b>			2.4 CITY-ST-ZIP <b>BRANDON, FL 33510-3731</b>		
TITLE <b>D</b> <input checked="" type="checkbox"/> DELETE			3.1 TITLE <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME <b>PETERSON, DANE</b>			3.2 NAME <b>DONALD ARMAGOST</b>		
STREET ADDRESS <b>5307 W. STAFFORD RD</b>			3.3 STREET ADDRESS <b>2910 ASTON AVE</b>		
CITY-ST-ZIP <b>PLANT CITY FL</b>			3.4 CITY-ST-ZIP <b>PLANT CITY, FL 33567-7243</b>		
TITLE <b>PD</b> <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>STOUTENBURG, ARTHUR L</b>			4.2 NAME		
STREET ADDRESS <b>4005 WOODS POINTE WAY</b>			4.3 STREET ADDRESS		
CITY-ST-ZIP <b>VALRICO FL 33594</b>			4.4 CITY-ST-ZIP		
TITLE <b>TD</b> <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>SPICKENAGEL, PETER R.</b>			5.2 NAME		
STREET ADDRESS <b>497 LAKE CIRCLE</b>			5.3 STREET ADDRESS		
CITY-ST-ZIP <b>PLANT CITY FL</b>			5.4 CITY-ST-ZIP		
TITLE <b>D</b> <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>ANDERSON, ARVID H</b>			6.2 NAME		
STREET ADDRESS <b>1109 E SANDLEWOOD DRIVE</b>			6.3 STREET ADDRESS		
CITY-ST-ZIP <b>PLANT CITY FL 33566</b>			6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE:  SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-16-99

Date

813-754-0937

Daytime Phone #

CR2E037 (11/98)

BLOCK 13

N33350  
579317-90008-27

ADDITIONS TO OFFICERS & DIRECTORS (CONT)

TITLE D  
NAME BRUNKHORST, GEORGE  
ADDRESS 3225 KILMER DR. PLANT CITY, FL. 33567

TITLE D  
NAME GRIFFIN, JANICE  
ADDRESS 2912 CLUBHOUSE DR. PLANT CITY, FL. 33567

TITLE D  
NAME KOHR, THOMAS  
ADDRESS 1006 E. SANDALWOOD DR N PLANT CITY, FL 33566

TITLE D  
NAME STEVENS, DARLYNN  
ADDRESS 4019 KIPLING CT. PLANT CITY, FL. 33567

TITLE D  
NAME WILLIAMS, PAUL  
ADDRESS 4102 LONGFELLOW PLANT CITY, FL. 33567