

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90126 050 \*\*\*\*61.25

**DOCUMENT # N33350**

1. Entity Name

**LORD OF LIFE EVANGELICAL LUTHERAN CHURCH, INC.**

Principal Place of Business

Mailing Address

2104 MUD LAKE ROAD  
 PLANT CITY FL 33567

2104 MUD LAKE RD  
 PLANT CITY FL 33567  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2954867**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARMAGOST, DONALD J**  
**2910 ASTON AVE**  
**PLANT CITY FL 33567**

Name

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

City

**FL**

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **SD COLLINGE, SUEANN**  
 STREET ADDRESS **2774 GOLF LAKE DR**  
 CITY-ST-ZIP **PLANT CITY FL 33567**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D FELLOWS, ROBERT**  
 STREET ADDRESS **1861 PRAIRIE DUNES CIR S**  
 CITY-ST-ZIP **LAKELAND FL 33810**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **TD ARMAGOST, DONALD**  
 STREET ADDRESS **2910 ASTON AVE**  
 CITY-ST-ZIP **PLANT CITY FL 33567-7243**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **PD GRIFFIN, JANICE**  
 STREET ADDRESS **2912 CLUBHOUSE DRIVE**  
 CITY-ST-ZIP **PLANT CITY FL 33567**

TITLE  Change  Addition  
 NAME ~~**VB Ronald Bergman**~~  
 STREET ADDRESS ~~**3224 Hillmer Dr.**~~  
 CITY-ST-ZIP ~~**Plant City FL 33567**~~

TITLE  Delete  
 NAME **D SPICKENAGEL, PETER R**  
 STREET ADDRESS **497 LAKE CIRCLE**  
 CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE  Change  Addition  
 NAME **VB Ronald Bergman**  
 STREET ADDRESS **3224 Hillmer Dr.**  
 CITY-ST-ZIP **Plant City FL 33567**

TITLE  Delete  
 NAME **D ANDERSON, ARVID H**  
 STREET ADDRESS **1109 E SANDLEWOOD DRIVE**  
 CITY-ST-ZIP **PLANT CITY FL 33566**

TITLE  Change  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:

*Donald J Armagost*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-00  
 Date

813-757-2354  
 Daytime Phone #

CR2E037 (10/00)