

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33350

1. Entity 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

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

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 SD ☐ Delete
NAME 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 D ☐ Delete
NAME 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 TD ☐ Delete
NAME 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 PD ☐ Delete
NAME GRIFFIN, JANICE
STREET ADDRESS 2912 CLUBHOUSE DRIVE
CITY-ST-ZIP PLANT CITY FL 33567

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME BERGMAN, RONALD
STREET ADDRESS 3224 KILMER DR
CITY-ST-ZIP PLANT CITY FL 33567

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME 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

Date

Daytime Phone #

True. 1-12-01 813-757-2354

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90114 002 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)