


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90060 018 \*\*\*\*70.00

<b>DOCUMENT # N33350</b> 1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>ARMAGOST, DONALD J 2910 ASTON AVE PLANT CITY FL 33567</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HAYES, GEORGE</b> <b>1311 OAKDALE AVE</b> <b>PLANT CITY FL 33566</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Allen Gray</b> <b>1905 Carriage Ct</b> <b>Plant City FL 33566</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>REICHARD, LUIS</b> <b>102 SEWILLE CT SO</b> <b>PLANT CITY FL 33567</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Jim Duttes</b> <b>3352 Silver Moon Drive</b> <b>Plant City FL 33566</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>ARMAGOST, DONALD</b> <b>2910 ASTON AVE</b> <b>PLANT CITY FL 33567-7243</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>GRIFFIN, JANICE</b> <b>2912 CLUBHOUSE DRIVE</b> <b>PLANT CITY FL 33567</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Joe Hartman</b> <b>2906 Pine Club Drive</b> <b>Plant City FL 33566</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PLUMMER, JOYCE</b> <b>1204 W REYNOLDS #104</b> <b>PLANT CITY FL 33566</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>GRIFFIN, JANICE</b> <b>2912 CLUBHOUSE DR</b> <b>PLANT CITY FL 33566</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		



1st MOORE CR2E037 (10/04)

4. FEI Number **59-2954867** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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* **Donald J Armagost** **2-3-5** **813-757-6354**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #