

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10 1997 8:00am
Secretary of State

DOCUMENT # N93000004184 (8)

1. Corporation Name

**PEACE EVANGELICAL LUTHERAN CHURCH OF POLK COUNTY
, INC.**

Principal Place of Business

Mailing Address

2152 STATE RD. 540-A. EAST
LAKELAND FL 33813
US

1010 COLONY PARK DRIVE
LAKELAND FL 33813-2869



3. Date Incorporated or Qualified
09/13/1993

3a. Date of Last Report
02/09/1996

2. Principal Place of Business

2a. Mailing Address

21

26 **2517 Highlands Vue Pkwy**

4. FEI Number

59-3134827

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28 **Lakeland, FL**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

24

Country

Zip

Country

25

29 **33813**

30 **US**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MACK, WILLIAM C
1010 COLONY PARK DRIVE
LAKELAND FL 33813**

81 Name

Pastor Joel Willitz

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

2517 Highlands Vue Pkwy.

83

84 City

Lakeland,

FL

85 Zip Code
33813

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

Pastor Joel Willitz

Pastor Joel Willitz

January 16, 1997

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 **D** ☐ DELETE

NAME **HINDS, ERV**
STREET ADDRESS **5734 YARBOROUGH LN.**
CITY-ST-ZIP **LAKELAND FL**

1.1 TITLE

P/D

☐ Change ☒ Addition

NAME **HINDS, ERV**

STREET ADDRESS **5734 YARBOROUGH LN.**

CITY-ST-ZIP **LAKELAND FL**

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

33813

TITLE **D** ☒ DELETE

NAME **STEWART, CEDRIC**
STREET ADDRESS **4912 MARLA AVENUE**
CITY-ST-ZIP **LAKELAND FL**

2.1 TITLE

T/D

☒ Change ☒ Addition

NAME **STEWART, CEDRIC**

STREET ADDRESS **4912 MARLA AVENUE**

CITY-ST-ZIP **LAKELAND FL**

2.2 NAME

Nestor, Frank

2.3 STREET ADDRESS

2112 Groveglan Lane S.

2.4 CITY-ST-ZIP

Lakeland, FL 33813

TITLE **D** ☐ DELETE

NAME **HENNING, CHALES**
STREET ADDRESS **6318 OAK SQUARE WEST**
CITY-ST-ZIP **LAKELAND FL**

3.1 TITLE

D

☒ Change ☐ Addition

NAME **HENNING, CHALES**

STREET ADDRESS **6318 OAK SQUARE WEST**

CITY-ST-ZIP **LAKELAND FL**

3.2 NAME

Henning, Charles

3.3 STREET ADDRESS

6443 Longoak Court

3.4 CITY-ST-ZIP

Lakeland, FL 33811

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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:

ERV HINDS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERV HINDS

1/26/97

(941)646-3439

Date

Daytime Phone # **0053184**

CR2E037 (9/96)