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Jan 28 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000004184 (8)**

1. Corporation Name

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

Principal Place of Business

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

Mailing Address

**2517 HIGHLANDS VUE PKWY  
LAKELAND FL 33813  
US**

3. Date Incorporated or Qualified

**09/13/1993**

4. FEI Number

**59-3134827**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 5970 Lakeland Highlands Rd.**

**26 5970 Lakeland Highlands Rd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23 Lakeland, FL**

**28 Lakeland, FL**

Zip

Country

Zip

Country

**24 33813**

**25 U.S.A.**

**29 33813**

**30 U.S.A.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PASTOR JOEL WILLITZ  
2517 HIGHLANDS VUE PKWY  
LAKELAND FL 33813**

81 Name

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

**5785 Tanasi Court**

83

84 City

**FL**

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

*Pastor Joel Willitz*  
Signature, typed or printed name of registered agent and title if applicable.

**Pastor Joel Willitz**

**January 11, 1998**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE  
NAME **NESTOR FRANK**  
STREET ADDRESS **2112 GROVEGLEN LANE S**  
CITY-ST-ZIP **LAKELAND FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **HENNING, CHALES**  
STREET ADDRESS **6443 LONGOAK CT**  
CITY-ST-ZIP **LAKELAND FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, on an attachment with an address.

SIGNATURE:

*ERV Hinds*  
SIGNATURE REQUIRED

**ERV Hinds**

**January 11, 1998**

**941-646-3439**

CR2E037 (10/97)