

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004184

1. Entity Name

PEACE EVANGELICAL LUTHERAN CHURCH OF POLK COUNTY

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90205 021 ****61.25

Principal Place of Business	Mailing Address
5970 LAKELAND HIGHLANDS RD LAKELAND FL 33813 US	5970 LAKELAND HIGHLANDS RD LAKELAND FL 33813-3812 US



DO NOT WRITE IN THIS SPACE

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	Applied For
59-3134827	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PASTOR JOEL WILLITZ
 5785 TANASI COURT
 LAKELAND FL 33813

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LANHAM, ROBERT	
STREET ADDRESS	1984 VISTA VIEW DR	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	NESTOR FRANK	
STREET ADDRESS	2112 GROVEGLEN LANE S	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HENNING, CHARLES	
STREET ADDRESS	6443 LONGOAK CT	
CITY-ST-ZIP	LAKELAND FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RIPPE, ROBERT	
STREET ADDRESS	4615 GROVECREST DR	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUILLORY, BOB	
STREET ADDRESS	6320 OAK CT	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOORE, BOB	
STREET ADDRESS	1320 STRATTON CT E	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURPHY, WALT	
STREET ADDRESS	3860 DAVIS RD	
CITY-ST-ZIP	MULBERRY FL 33860	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Bob Guillory **REQUIRED** Bob Guillory Date: 2/7/2000 Daytime Phone #: 941-640-6887

CR2E037 (9/99)