

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004184

1. Entity Name

PEACE EVANGELICAL LUTHERAN CHURCH OF POLK COUNTY

Principal Place of Business

Mailing Address

5970 LAKELAND HIGHLANDS RD
LAKELAND FL 33813
US

5970 LAKELAND HIGHLANDS RD
LAKELAND FL 33813-3812
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

59-3134827

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

PASTOR JOEL WILLITZ
5785 TANASI COURT
LAKELAND FL 33813

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 PD ☒ Delete
NAME LANHAM, ROBERT
STREET ADDRESS 1984 VISTA VIEW DR
CITY-ST-ZIP LAKELAND FL 33813

TITLE PD ☒ Change ☒ Addition
NAME GUILLORY, BOB
STREET ADDRESS 6320 OAK CT
CITY-ST-ZIP LAKELAND FL 33813

TITLE TD ☒ Delete
NAME NESTOR FRANK
STREET ADDRESS 2112 GROVEGLEN LANE S
CITY-ST-ZIP LAKELAND FL

TITLE TD ☒ Change ☒ Addition
NAME MOORE, BOB
STREET ADDRESS 1320 STRATTON CT E
CITY-ST-ZIP LAKELAND FL 33813

TITLE D ☒ Delete
NAME HENNING, CHARLES
STREET ADDRESS 6443 LONGOAK CT
CITY-ST-ZIP LAKELAND FL

TITLE D ☒ Change ☒ Addition
NAME MURPHY, WALT
STREET ADDRESS 3860 DAVIS RD
CITY-ST-ZIP MULBERRY FL 33860

TITLE SD ☐ Delete
NAME RIPPE, ROBERT
STREET ADDRESS 4615 GROVECREST DR
CITY-ST-ZIP LAKELAND FL 33813

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Bob Guillory* REQUIRED Bob Guillory

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/2000

941-640-6887

Date

Daytime Phone #

CR2E037 (9/99)