

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # N93000004184

1. Entity Name
**PEACE EVANGELICAL LUTHERAN CHURCH OF POLK
COUNTY, INC.**



Principal Place of Business
**5970 LAKELAND HIGHLANDS RD
LAKELAND, FL 33813 US**

Mailing Address
**5970 LAKELAND HIGHLANDS RD
LAKELAND, FL 33813 US**



01042006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

**PASTOR JOEL WILLITZ
5785 TANASI COURT
LAKELAND, FL 33813**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	STEINBERG, PHIL
STREET ADDRESS	5402 SOUTHGROVE PL.
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	PD
NAME	PRINCE, DONALD
STREET ADDRESS	2394 MILES CT
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	TD
NAME	HOOD, HAROLD
STREET ADDRESS	5113 LAKE MIRIAM CIRCLE
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000414339
02/11/06-80033-020 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald Prince, 1/29/06 863-668-6601

Date

Daytime Phone #