

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 707540 (1)  
1. Corporation Name  
GRACE LUTHERAN CHURCH INC



Principal Place of Business Mailing Address  
1805 OAK STREET MELBOURNE BEACH FL 32951 1805 OAK STREET MELBOURNE BEACH FL 32951

3. Date Incorporated or Qualified 07/06/1964 3a. Date of Last Report 03/09/1995  
4. FEI Number 59-1720736 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
WRIGHT, DON  
6 JENNIFER CIR  
INDIALANTIC FL 32903

10. Name and Address of New Registered Agent  
81 Name RON KAEHLERT  
82 Street Address (P.O. Box Number is Not Acceptable) 1217 Cimarron Circle NE  
83  
84 City Palm Bay, FL 85 Zip Code 32905

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 *Ronald C. Kaelert* DATE 4/17/96  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	SD WELLS, CHERILYN	<input type="checkbox"/>
NAME	295 LEE AVE	
STREET ADDRESS	SATELLITE BEACH FL	
CITY-ST-ZIP		
TITLE	PD WELLS, CLARK	<input type="checkbox"/>
NAME	295 LEE AVE	
STREET ADDRESS	SATELLITE BEACH FL	
CITY-ST-ZIP		
TITLE	TD SWANSON, MARK	<input type="checkbox"/>
NAME	333 MARLIN PL	
STREET ADDRESS	MELBOURNE BCH FL	
CITY-ST-ZIP		
TITLE	VD WRIGHT, DON	<input type="checkbox"/>
NAME	6 JENNIFER CR	
STREET ADDRESS	INDIALANTIC FL	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	SD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	KOTEEK, KAREN		
1.3 STREET ADDRESS	290 RICHARDS ROAD		
1.4 CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	PD		
2.2 NAME	WRIGHT, DON		
2.3 STREET ADDRESS	6 JENNIFER CIRCLE		
2.4 CITY-ST-ZIP	INDIALANTIC, FL 32903		
3.1 TITLE	TD	<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	SWANSON, MARK		
3.3 STREET ADDRESS	333 MARLIN PL		
3.4 CITY-ST-ZIP	MELBOURNE BEACH, FL. 32951	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	VD		
4.2 NAME	KAEHLERT, RON		
4.3 STREET ADDRESS	1217 CIMARRON CIRCLE NE		
4.4 CITY-ST-ZIP	PALM BAY, FL. 32905		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Donald H. Wright* DATE 4/17/96 DAYTIME PHONE # 407 727 0534  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)