

FILE NOW: FILING FEE IS \$61.25

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Jun 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morfham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 707540 (1)

1. Corporation Name
GRACE LUTHERAN CHURCH INC



Principal Place of Business 1805 OAK STREET MELBOURNE BEACH FL 32951	Mailing Address 1805 OAK STREET MELBOURNE BEACH FL 32951-2625
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3. Date Incorporated or Qualified 07/06/1964	3a. Date of Last Report 04/25/1996
4. FEI Number 59-1720736	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**KAELHART, RON
1217 CIMARRON CIR FLE NE
PALM BAY FL 32905**

10. Name and Address of New Registered Agent

81 Name Don Wright
82 Street Address (P.O. Box Number is Not Acceptable) 6 Jennifer Cr.
83
84 City Indialantic
85 Zip Code FL 32903

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 Don Wright DATE 5/22/97
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	<input checked="" type="checkbox"/>
NAME	WELLS, CHERILYN	
STREET ADDRESS	295 LEE AVE	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE	PD	<input checked="" type="checkbox"/>
NAME	WELLS, CLARK	
STREET ADDRESS	295 LEE AVE	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE	TD	<input type="checkbox"/>
NAME	SWANSON, MARK	
STREET ADDRESS	333 MARLIN PL	
CITY-ST-ZIP	MELBOURNE BCH FL	
TITLE	VD	<input checked="" type="checkbox"/>
NAME	WRIGHT, DON	
STREET ADDRESS	6 JENNIFER CR	
CITY-ST-ZIP	INDIALANTIC FL	
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	Secretary/D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	Karen Koteek		
1.3 STREET ADDRESS	290 Richards		
1.4 CITY-ST-ZIP	Melbourne Beach, FL		
2.1 TITLE	President/D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	Don Wright		
2.3 STREET ADDRESS	6 Jennifer Cr.		
2.4 CITY-ST-ZIP	Indialantic, FL		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	Vice-President/D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	Robert Stovall		
4.3 STREET ADDRESS	116 Martesia Way		
4.4 CITY-ST-ZIP	Indian Harbour Beach, FL		
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 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, or on an attachment with an address.

Don Wright N. VIRGIL 51-67

CR2E037 (9/96)