

FILE NOW: FILING FEE IS \$61.25

FILED

**May 14 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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
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3. Date Incorporated or Qualified 07/06/1964	
4. FEI Number 59-1720736	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <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. Country	30. Country

9. Name and Address of Current Registered Agent

**WRIGHT, DON
6 JENNIFER CR.
INDIALANTIC FL 32903**

10. Name and Address of New Registered Agent

81. Name Robert Stovall	
82. Street Address (P.O. Box Number is Not Acceptable) 116 Martesia Way	
83. City	
84. City Indian Harbour Beach	85. Zip Code FL 32937

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: *[Signature]* **ROBERT STOVALL** DATE: **4/30/98**

Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE SD	<input type="checkbox"/> DELETE
NAME KOTEK, KAREN	
STREET ADDRESS 290 RICHARDS	
CITY-ST-ZIP MELBOURNE BEACH FL	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME WRIGHT, DON	
STREET ADDRESS 6 JENNIFER CR.	
CITY-ST-ZIP INDIALANTIC FL	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME SWANSON, MARK	
STREET ADDRESS 333 MARLIN PL	
CITY-ST-ZIP MELBOURNE BCH FL	
TITLE VPD	<input type="checkbox"/> DELETE
NAME STOVALL, ROBERT	
STREET ADDRESS 116 MARTESIA WAY	
CITY-ST-ZIP INDIAN HARBOUR BEACH FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Carl Oberg	
1.3 STREET ADDRESS 3209 Ottawa Ct.	
1.4 CITY-ST-ZIP Melbourne, FL 32935	
2.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Mark Montgomery	
2.3 STREET ADDRESS 515 Sunset Blvd.	
2.4 CITY-ST-ZIP Melbourne Beach, FL 32951	
3.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Robert Stovall	
3.3 STREET ADDRESS 116 Martesia Way	
3.4 CITY-ST-ZIP Indian Harbour Beach, FL 32937	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *[Signature]* **Robert Stovall** **4/30/98** **417-229-5289**

CP2E037 (10/97)