

06-19-2002 90941 029 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707540

1. Entity Name

GRACE LUTHERAN CHURCH INC

Principal Place of Business

1805 OAK ST
 MELBOURNE BCH FL 32951

Mailing Address

1805 OAK ST
 MELBOURNE BCH FL 32951

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 59-1720736

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, DAWN
 297 NIKOMAS WAY
 MELBOURNE BEACH FL 32951

7. Name and Address of New Registered Agent

Name: Don Richards
 Street Address (P.O. Box Number is Not Acceptable): 402 St. Johns Dr.
 City: Satellite Beach FL Zip Code: 32937

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: *Donald Richards* Donald Richards, President. July 23, 2002
Dawn Jones Dawn Jones, President. June 12, 2002
Signature, typed or printed name of registered agent and state 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

TITLE	PO	<input type="checkbox"/> Delete
NAME	JONES, DAWN	
STREET ADDRESS	297 NIKOMAS WAY	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE	SO	<input type="checkbox"/> Delete
NAME	BALLARD, PAM	
STREET ADDRESS	416 AVE A	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE	SO	<input checked="" type="checkbox"/> Delete
NAME	MONTGOMERY, MARK M	
STREET ADDRESS	515 SUNSET BLVD.	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Vice-President, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jones, Dawn	
STREET ADDRESS	297 Nikomas Way	
CITY-ST-ZIP	Melbourne Beach, FL 32951	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Don Richards	
STREET ADDRESS	402 St. Johns Dr.	
CITY-ST-ZIP	Satellite Beach, FL 32937	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Treasurer, D	
STREET ADDRESS	Chris Veselus	
CITY-ST-ZIP	220 4th Ave Melbourne Beach, FL 32951	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Dawn Jones* Dawn Jones, President. June 12, 2002 321 747 1734
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDS OFFICER OR DIRECTOR Date Daytime Phone #

40880



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)