

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **744018** (3)
1. Corporation Name
GRACE LUTHERAN CHURCH OF PENSACOLA, FLORIDA, INC



Principal Place of Business Mailing Address
**6601 NORTH 9TH AVE.
PENSACOLA FL 32504**

3. Date Incorporated or Qualified **08/22/1978** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-1283958** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
8. 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 Zip 29 Country 30 Country

9. Name and Address of Current Registered Agent

**BICKEL, CRAIG
4419 EASTPOINTE DR
PENSACOLA FL 32514**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PETERSON, PHILLIP	
STREET ADDRESS	2783 COTTONWOOD LANE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FIJOL, NORMA	
STREET ADDRESS	7113 WHIRLYBIRD AVE.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SCHOLLMAYER, CYDNEY	
STREET ADDRESS	3006 MARCUS POINTE BLVD	
CITY-ST-ZIP	PENSACOLA, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BICKEL, CRAIG	
STREET ADDRESS	4419 EASTPOINTE DR	
CITY-ST-ZIP	PENSACOLA 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	President D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Knoerr, Ralph	
1.3 STREET ADDRESS	3722 Tiger Point Rd.	
1.4 CITY-ST-ZIP	Gulf Breeze, Fl. 32561	
2.1 TITLE	Secretary D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Burt, Patti	
2.3 STREET ADDRESS	3501 Parkwood Ave.	
2.4 CITY-ST-ZIP	Pensacola, Fl. 32504	
3.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Myers, Gwen	
3.3 STREET ADDRESS	3491 Barkwood Dr.	
3.4 CITY-ST-ZIP	Pace, Fl. 32561	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		

9000001747909
-03/18/96--01132--004
*****61.25**

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:

Craig L. Bickel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rev. Craig L. Bickel 1-25-96

(904) 476-5667

Date

Debit Phone #

CR2E037 (12/95)