


FILE NOW: FILING FEE IS \$61.25

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Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90043 033 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 744018		
1. Corporation Name GRACE LUTHERAN CHURCH OF PENSACOLA, FLORIDA, INC		
Principal Place of Business 6601 NORTH 9TH AVE. PENSACOLA FL 32504	Mailing Address 6601 NORTH 9TH AVE. PENSACOLA FL 32504	



21	2. Principal Place of Business	2a	2a. Mailing Address	3	3. Date Incorporated or Qualified 08/22/1978
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4	4. FEI Number 59-1283958
23	City & State	27	City & State		Applied For Not Applicable
24	Zip	28	Zip	5	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
25	Country	29	Country	6	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
30		30			

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: Greg Farmer *Greg Farmer* T (Treasurer) 3-21-99
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HEUISER, DENNIS			1.2 NAME	MURZIN, DAVE		
STREET ADDRESS	4000 KING ARTHUR DRIVE			1.3 STREET ADDRESS	2401 SWEETHEART LN		
CITY-ST-ZIP	PENSACOLA FL 32514			1.4 CITY-ST-ZIP	PENSACOLA, FL 32526		
TITLE	SD	<input type="checkbox"/> DELETE		2.1 TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCGLOTHREN, ANNETTE			2.2 NAME	FRANK BUDE, VIRGINIA		
STREET ADDRESS	571 FILLY COURT			2.3 STREET ADDRESS	8207 LYRIC DR		
CITY-ST-ZIP	CANTONMENT FL			2.4 CITY-ST-ZIP	PENSACOLA, FL 32514		
TITLE	T	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MYERS, GWEN Y			3.2 NAME	FRANK PARKER, GREG		
STREET ADDRESS	3491 BARKWOOD DR			3.3 STREET ADDRESS	4411 LIVINGSTON DR.		
CITY-ST-ZIP	PACE FL 32561			3.4 CITY-ST-ZIP	PENSACOLA, FL 32504		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BICKEL, CRAIG			4.2 NAME	BICKEL, CRAIG		
STREET ADDRESS	4419 EASTPOINTE DR			4.3 STREET ADDRESS	4419 EASTPOINTE DR.		Added Zip Code
CITY-ST-ZIP	PENSACOLA FL			4.4 CITY-ST-ZIP	PENSACOLA, FL 32514		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, with all other like empowered.

SIGNATURE: Greg Farmer *Greg Farmer* (Treasurer) 3-21-99 (850) 969-0690
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)