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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENTO 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

Mailing Address

6601 NORTH 9TH AVE.

6601 NORTH 9TH AVE.



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

- 1 2000) 14002 3100 9200 9200 9000 1100 120 9201 31002 01004 01014 01014 11014

	FL 32504	PENSACOLA FL 32504	-					-
2. Principal P	Place of Business	2a. Mailing Address			Date Incorporated or Qualifed]
21	lace of Desirios	26			08/22/1978			Ì
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number	Ap	plied For]
22					59-1283958		t Applicable.]
City & Stat	te.	City & State		_	5. Certifcate of Status Desired	\$8.75 / Fee Re		
Zip				y	6. Election Campaign Financing	\$5.00		
24	25 29 30			Trust Fund Contribution Added t		to Fees	1	
	9. Name and Address of Curren	t Registered Agent		N man	10. Name and Address of New Regi	istered Agent		4
			81	Name				
BICKEL,			82	Street Ac	ddress (P.O. Box Number is Not Acceptable	3)		1
	STPOINTE DR		83					1
PENSACO	OLA FL 32514		65	' [Ţ
			84	City		FL 85 Zip (Code	
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statutes,	the abov	re-named co	orporation submits this statement for the pur		registered	1
office of I	registered agent or both, in the State	of Florida. Such change was authors of Section 617 0503. Florida	norized by a Statute:	the corpora	orporation submits this statement for the pun ation's board of directors. I hereby accept th	ne appointment as re	gistered	1
t	$\mathcal{L}_{\mathcal{L}_{\mathbf{A}}}$	rea former T		surer	3-21-	99		
SIGNATURE								
1	Signature, yield or printed name of registered agen				5, 52 1] @
12.	Signature, prod or printed name of registered agen OFFICERS AN	nt anglitide if applicable. (NOTE: Re			. ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTO		90
12.	Signature, trad or printed name of registered agen OFFICERS AN	nt and title if applicable. (NOTE: Re	gistered Age	nt signature requ	. ADDITIONS/CHANGES TO OFFICE		PRS IN 12 ☐ Addition	(44/08)
	Signature, based or printed name of registered agen OFFICERS AN PD HEUISER, DENNIS	nt anglitide if applicable. (NOTE: Re	13. 1.1 TITLE 1.2 NAME	nt signature requ	ADDITIONS/CHANGES TO OFFICE PD MURZIN, PAVE	ERS AND DIRECTO		(44/08)
TITLE	Signature, legal or printed name of registered agen OFFICERS AN PD HEUISER, DENNIS 4000 KING ARTHUR DRIVE	nt anglitide if applicable. (NOTE: Re	13. 1.1 TITLE 1.2 NAME	ent signature requirement	. ADDITIONS/CHANGES TO OFFICE PD MURZIN, PAVE 2401 SWEETHEART LN	ERS AND DIRECTO		25037 (11/08)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, trad or printed name of registered agen OFFICERS AN PD HEUISER, DENNIS 4000 KING ARTHUR DRIVE PENSACOLA FL 32514	nt anglisse if applicable. (NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREE	ent signature requests ET ADDRESS ST-ZIP	. ADDITIONS/CHANGES TO OFFICE PIV MURZIW, PAVE 2401 SWEETHEART LN PENSACOLA, FL 32526	ERS AND DIRECTO	☐ Addition	DOE037 (11/08)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AN OFFICERS AN PD HEUISER, DENNIS 4000 KING ARTHUR DRIVE PENSACOLA FL 32514 SD	nt anglitide if applicable. (NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-1	et address	. ADDITIONS/CHANGES TO OFFICE PID MURZIN, PAVE 2401 SWEETHEART LN PENSACOLA, FL 32526	ERS AND DIRECTO		CD2E037 (11/08)
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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 of 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.

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

REQUIRE BUSINE

DELETE

Change

Addition |