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# FILED
# Feb 04 1998 8:00am
# Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # **N20400** (0)

1. Corporation Name

GRACE LUTHERAN CHURCH OF ARCADIA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| WEST OAK ST (RTE #70W)<br>BOX 1753<br>ARCADIA FL 33821 | WEST OAK ST (RTE #70W)<br>BOX 1753<br>ARCADIA FL 33821 |

3. Date Incorporated or Qualified: 04/29/1987

4. FEI Number: 59-2913263 ☐ Applied For ☐ Not Applicable

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

DECKERT, CHRIST
RTE 6 BOX 6426
ARCADIA FL 33821

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

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | P | ☒ DELETE | 1.1 TITLE | P. | ☐ Change ☒ Addition |
| NAME | SCHRAMM, WM ROY | | 1.2 NAME | ROTHROCK, NELSON | |
| STREET ADDRESS | 2692 N.E. HWY. 70 #672 | | 1.3 STREET ADDRESS | 4810 N.W. HWY. 70 # 130 | |
| CITY-ST-ZIP | ARCADIA FL | | 1.4 CITY-ST-ZIP | ARCADIA, FL 34265 | |
| TITLE | VP | ☒ DELETE | 2.1 TITLE | V.P. | ☐ Change ☒ Addition |
| NAME | SCARF, JACK | | 2.2 NAME | SCHRAMM, WM ROY | |
| STREET ADDRESS | 2692 N.E. HWY, 70 #143 | | 2.3 STREET ADDRESS | 2692 N.E. HWY 70 # 672 | |
| CITY-ST-ZIP | ARCADIA FL | | 2.4 CITY-ST-ZIP | ARCADIA, FL 34266 | |
| TITLE | T | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | GREENE, CAROL | | 3.2 NAME | | |
| STREET ADDRESS | 2692 NE HWY 70, #129 | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ARCADIA FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | SD | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | LUDETKE, CAROLYN | | 4.2 NAME | | |
| STREET ADDRESS | 1327 S.E. LAKE ROAD | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ARCADIA FL | | 4.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MILLER, FRANK | | 5.2 NAME | | |
| STREET ADDRESS | 3900 HWY 72 #166 | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ARCADIA FL | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E037 (10/97)

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.

941-494-1136

**SIGNATURE:** CAROLYN GREENE SIGNATURE REQUIRED Carolyn Greene Treas. 2/4/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # (optional)