

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000275235

**Entity Name:** GOODS & GRACE LLC**Current Principal Place of Business:**ST. LUKE'S LUTHERAN CHURCH  
2021 W STATE ROAD 426  
OVIEDO, FL 32765**Current Mailing Address:**ST. LUKE'S LUTHERAN CHURCH  
2021 W STATE ROAD 426  
OVIEDO, FL 32765 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PRUSAK, LISA  
2021 W STATE ROAD 426  
OVIEDO, FL 32765 US*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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGER/PRESIDENT  
Name CULBERTSON, TIGE  
Address ST. LUKE'S LUTHERAN CHURCH  
2021 W. STATE ROAD 426  
City-State-Zip: OVIEDO FL 32765

Title TREASURER  
Name PRUSAK, LISA  
Address ST. LUKE'S LUTHERAN CHURCH  
2021 W STATE ROAD 426  
City-State-Zip: OVIEDO FL 32765

Title SECRETARY  
Name MILLS, COREY  
Address ST. LUKE'S LUTHERAN CHURCH  
2021 W STATE ROAD 426  
City-State-Zip: OVIEDO FL 32765

Title MEMBER  
Name JAMES, WELTON  
Address ST. LUKE'S LUTHERAN CHURCH  
2021 W STATE ROAD 426  
City-State-Zip: OVIEDO FL 32765

Title MEMBER  
Name NOWICKI, MICHAEL  
Address ST. LUKE'S LUTHERAN CHURCH  
2021 W STATE ROAD 426  
City-State-Zip: OVIEDO FL 32765

Title MEMBER  
Name MARTIN, VICKIE  
Address ST. LUKE'S LUTHERAN CHURCH  
2021 W STATE ROAD 426  
City-State-Zip: OVIEDO FL 32765

Title MEMBER  
Name MCALLAN, GEORGE  
Address ST. LUKE'S LUTHERAN CHURCH  
2021 W STATE ROAD 426  
City-State-Zip: OVIEDO FL 32765

Title MEMBER  
Name SCHAEFER, PETER  
Address ST. LUKE'S LUTHERAN CHURCH  
2021 W STATE ROAD 426  
City-State-Zip: OVIEDO FL 32765

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LISA PRUSAK

TREASURER

04/19/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

|                 |   |
|-----------------|---|
| Title           | MEMBER  |
| Name            | LINDA, KIRK                                       |
| Address         | ST LUKES LUTHERAN CHURCH<br>2021 W STATE ROAD 426 |
| City-State-Zip: | OVIEDO FL 32765                                   |