

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **700578 (8)**
1. Corporation Name
GRACE EVANGELICAL LUTHERAN CHURCH INCORPORATED



Principal Place of Business: **4301 16 ST. NO. ST PETERSBURG FL 33703 US**
Mailing Address: **4301 16 ST. NO. ST PETERSBURG FL 33703 US**

3. Date Incorporated or Qualified: **03/05/1960**
3a. Date of Last Report: **02/20/1995**
4. FEI Number: **59-0651085**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$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 (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **ARMSTRONG, R. RICHARD, 1340-48TH AVE. N.E., ST PETERSBURG FL 33703**
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: _____ (NOTE: Registered Agent signature required w/ or reinstating.) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: V	NAME: MAYER, EDWARD	1.1 TITLE: V	1.2 NAME: ENGWALL, NEAL
STREET ADDRESS: 9998 LAKE SEMINOLE DR. E. LARGO FL 34643		1.3 STREET ADDRESS: 1338 - 53rd AVENUE NORTH ST. PETERSBURG, FL 33703	
CITY - ST - ZIP: LARGO FL 34643		1.4 CITY - ST - ZIP: ST. PETERSBURG, FL 33703	
TITLE: PCoored Sterling	NAME: _____	2.1 TITLE: _____	2.2 NAME: _____
STREET ADDRESS: 6756-19TH ST. N. ST. PETERSBURG FL 33702		2.3 STREET ADDRESS: _____	
CITY - ST - ZIP: ST. PETERSBURG FL 33702		2.4 CITY - ST - ZIP: _____	
TITLE: S	NAME: ENGWALL, CAROL	3.1 TITLE: S	3.2 NAME: GREGORY, DANA
STREET ADDRESS: 1338-53RD AVE. N. ST. PETERSBURG FL 33703		3.3 STREET ADDRESS: 760 - 13th AVENUE NORTH ST. PETERSBURG, FL 33701	
CITY - ST - ZIP: ST. PETERSBURG FL 33703		3.4 CITY - ST - ZIP: ST. PETERSBURG, FL 33701	
TITLE: T D	NAME: WITTHUHN, LOUISE	4.1 TITLE: _____	4.2 NAME: _____
STREET ADDRESS: P O BOX 41706 ST PETERSBURG, FL 00000		4.3 STREET ADDRESS: _____	
CITY - ST - ZIP: ST PETERSBURG, FL 00000		4.4 CITY - ST - ZIP: _____	
TITLE: _____	NAME: _____	5.1 TITLE: _____	5.2 NAME: _____
STREET ADDRESS: _____		5.3 STREET ADDRESS: 500001737015	
CITY - ST - ZIP: _____		5.4 CITY - ST - ZIP: -03/08/96--01045--007	
TITLE: _____	NAME: _____	6.1 TITLE: _____	6.2 NAME: _____
STREET ADDRESS: _____		6.3 STREET ADDRESS: _____	
CITY - ST - ZIP: _____		6.4 CITY - ST - ZIP: _____	

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: *Sterling Conrad* **Sterling Conrad** DATE: 1/25/96 DAYTIME PHONE #: (813)527-1168

CR2E037 (12/95)