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Feb 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33703-4425 US
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3. Date Incorporated or Qualified 03/05/1960	3a. Date of Last Report 03/07/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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4. FEI Number 59-0651085	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> XX	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MAYER, EDWARD	
STREET ADDRESS	9998 LAKE SEMINOLE DR. E.	
CITY-ST-ZIP	LARGO FL 34643	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CONRAD, STERLING	
STREET ADDRESS	6756-19TH ST. N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ENGWALL, CAROL	
STREET ADDRESS	1338-53RD AVE. N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WITTHUHN, LOUISE	
STREET ADDRESS	P O BOX 41706	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KOLLMAYER, DENNY	
1.3 STREET ADDRESS	816 PONCE DE LEON DRIVE	
1.4 CITY-ST-ZIP	TIERRA VERDE FL 33715	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CRAWFORD, DON	
2.3 STREET ADDRESS	349 BELLEAIR DRIVE N.E.	
2.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33704	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	FLOETKE, NANCY	
3.3 STREET ADDRESS	8512 91ST STREET NORTH	
3.4 CITY-ST-ZIP	SEMINOLE FL 34647	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	FULTHORPE, DOUGLAS	
4.3 STREET ADDRESS	10911 48th AVENUE	
4.4 CITY-ST-ZIP	MADEIRA BEACH FL 33708	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: Donny Kollmeyer, PD 1/28/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0049972

CR2E037 (9/96)