

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700578

FILED
Apr 20, 2009
Secretary of State

Entity Name: GRACE EVANGELICAL LUTHERAN CHURCH INCORPORATED

Current Principal Place of Business:

4301 16 ST. NO.
ST PETERSBURG, FL 33703 US

New Principal Place of Business:

Current Mailing Address:

4301 16 ST. NO.
ST PETERSBURG, FL 33703 US

New Mailing Address:

FEI Number: 59-0651085

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FULTHORPE, DOUG
GRACE EVANGELICAL LUTHERAN CHURCH, INC.
4301 16TH STREET N.
ST PETERSBURG, FL 33703 US

Name and Address of New Registered Agent:

HALFAST, CHARLES M
GRACE EVANGELICAL LUTHERAN CHURCH, INC.
4301 16TH STREET N.
ST PETERSBURG, FL 33703 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: CHARLES M HALFAST

04/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ENGWALL, NEAL
Address: 8507 ORIENT WAY NE
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: TD () Delete
Name: FULTHORPE, DOUGLAS
Address: 627 31ST AVENUE N.
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: VPD () Delete
Name: HAMBLIN, JASON
Address: 101 B 12TH AVE
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: SD () Delete
Name: LACHOWICZ, LORI
Address: 523 71ST AVE N
City-St-Zip: SAINT PETERSBURG, FL 33702

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: HALFAST, CHARLES M
Address: 7116 WILLIAMS DRIVE S
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: VPD (X) Change () Addition
Name: EVANS, DANIEL
Address: 719 92ND AVE N
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES M HALFAST

TD

04/20/2009

Electronic Signature of Signing Officer or Director

Date