

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 30 AM 10:44

DOCUMENT # 701097 (8)
1. Corporation Name
GRACE LUTHERN CHURCH OF CLEARWATER, INC., CLEARWATER, FLORIDA

Principal Place of Business Mailing Address
1812 N. HIGHLAND AVE. CLEARWATER FL 34615 **1812 N. HIGHLAND AVE. CLEARWATER FL 34615**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/18/1960	3a. Date of Last Report 03/09/1994
4. FEI Number 59-0998928	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent LANGHOLZ, DOUGLAS F. 1812 N. HIGHLAND AVE. CLEARWATER FL 33515		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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD HILDEBRANDT, JOHN 1812 N. HIGHLAND AVE. CLEARWATER FL 34615	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	SD COOK, BRIAN 1812 N. HIGHLAND AVE. CLEARWATER FL 34615	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	SD Foster, Ted
STREET ADDRESS		2.3 STREET ADDRESS	1812 N. Highland Ave.
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Clearwater FL 34615
TITLE	D CONKLIN, BARBARA 1812 N. HIGHLAND AVENUE CLEARWATER FL 34615	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	D NETTIN, DALE 1812 N. HIGHLAND AVE. CLEARWATER FL 34615	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Marie Hansen
STREET ADDRESS		4.3 STREET ADDRESS	1869 Springdush Ln.
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Clearwater FL 34623
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		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 110.07(3)(b), 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 the report as required by Chapter 017, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with address.

SIGNATURE: *John Hildebrandt* **John Hildebrandt** Mar. 24, 1995 (813) 446-5026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR