


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91232 046 ****61.25

DOCUMENT # 701097

1. Entity Name
 GRACE LUTHERN CHURCH OF CLEARWATER, INC.,
 CLEARWATER, FLORIDA



Principal Place of Business
 1812 N.HIGHLAND AVE.
 CLEARWATER, FL 33755 US

Mailing Address
 1812 N.HIGHLAND AVE.
 CLEARWATER, FL 33755 US



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04302004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent
 WHITENER, C. PHILLIP
 1812 N HIGHLAND AVE
 CLEARWATER, FL 33755

4. FEI Number
 59-0998928

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
VD	FLAGG, CHRISTINE	439 LAKEVIEW DR	OLDSMAR, FL 34677	<input checked="" type="checkbox"/>
PD	GIRARDI, EUGENE	2622 CEDAR VIEW CT.	CLEARWATER, FL 33761	<input type="checkbox"/>
D	KRAJCI, ARLYNN	2518 BAY BERRY DR.	CLEARWATER, FL 33763	<input checked="" type="checkbox"/>
D	SAXBY, IRIS	223 HOBART AVE.	CLEARWATER, FL 33755	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	Emil Carlson	1706 Tall Pine Circle	Safety Harbor, FL 34695	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D				<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	Anne Burson	3439 Indian Trail E.	Palm Harbor, FL 34683	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VD	Wendy Roth	1736 Catherine Dr.	Clearwater, FL 33759	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Anne Burson ANNE BURSON 4/30/04 727-446-5026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #