

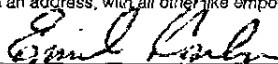


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 701097			
1. Entity Name GRACE LUTHERAN 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		
DO NOT WRITE IN THIS SPACE			
		01032006 No Chg-NP CR2E037 (11/05)	
		4. FEI Number 59-0998928	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent WHITENER, C. PHILLIP 1812 N HIGHLAND AVE CLEARWATER, FL 33755		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		1100000465038 03/22/06-80059-020 61.25	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARLSON, EMIL 1706 TALL PINE CIRCLE SAFETY HARBOR, FL 34695		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIRARDI, EUGENE 2622 CEDAR VIEW CT. CLEARWATER, FL 33761		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BURSON, ANNE 2439 INDIAN TRAIL E PALM HARBOR, FL 34683		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROTH, WENDY 1736 CATHERINE DR CLEARWATER, FL 33759		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		2/5/2006	727 669 6087
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone If</small>