

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 17, 2009
Secretary of State**

DOCUMENT# 701097

Entity Name: GRACE LUTHERAN CHURCH OF CLEARWATER, INC. CLEARWATER, FLORIDA

Current Principal Place of Business:

1812 N.HIGHLAND AVE.
CLEARWATER, FL 33755 US

New Principal Place of Business:

Current Mailing Address:

1812 N.HIGHLAND AVE.
CLEARWATER, FL 33755 US

New Mailing Address:

FEI Number: 59-0998928 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BURSON, ANNE
2439 INDIAN TRAIL EAST
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BURSON, ANNE
Address: 2439 INDIAN TRAIL E
City-St-Zip: PALM HARBOR, FL 34683

Title: D () Delete
Name: SMITH, FRANK
Address: 250 HIDDEN BROOK DR
City-St-Zip: PALM HARBOR, FL 34683

Title: VD () Delete
Name: MAULTSBY, CAROL
Address: 750 ROANOKE
City-St-Zip: DUNEDIN, FL 34698

Title: SD () Delete
Name: TIEDMAN, LAWRENCE
Address: 1120 KINGSLEY ST
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: SD (X) Change () Addition
Name: TIEMAN, LAWRENCE
Address: 1120 KINGSLEY ST
City-St-Zip: CLEARWATER, FL 33756

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: ANNE BURSON

PD

02/17/2009

Electronic Signature of Signing Officer or Director

Date