

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 14 AM 9:27

**DOCUMENT # 701917 (7)**  
1. Corporation Name  
**GRACE LUTHERAN CHURCH OF MIAMI SPRINGS, INC.**

Principal Place of Business Mailing Address  
**254 CURTISS PARKWAY MIAMI SPRINGS FL 33166-5223**      **254 CURTISS PARKWAY MIAMI SPRINGS FL 33166-5223**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/16/1961** 3a. Date of Last Report **04/28/1994**  
4. FEI Number **59-0751924** Applied For  Not Applicable   
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **FILING FEE IS \$61.25**  
8. This corporation has liability for intangible tax under s. 199 (1)(2) Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent  
**CIMINO, MARY SUE  
365 LUDLUM DRIVE  
MIAMI SPRINGS, 33168**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GILLET, CAROL
STREET ADDRESS	1061 IBIS AVE.
CITY - ST - ZIP	MIAMI SPRINGS FL
TITLE	T
NAME	SLIM, JOHN
STREET ADDRESS	8349 N.W. 50TH DORAL CIRCLE N.
CITY - ST - ZIP	MIAMI FL
TITLE	VD
NAME	KOVACH, JAMES
STREET ADDRESS	3700 N. W. 62ND AVE #205
CITY - ST - ZIP	VIRGINIA GARDENS FL
TITLE	S
NAME	BROWN, LADYE
STREET ADDRESS	1151 FALCON AVE.
CITY - ST - ZIP	MIAMI SPRINGS FL
TITLE	VD
NAME	THORPE, JEAN
STREET ADDRESS	230 CANAL ST., #102
CITY - ST - ZIP	MIAMI SPRINGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	KOVACH, JAMES	
13 STREET ADDRESS	P. O. BOX 6602234/A	
14 CITY - ST - ZIP	MIAMI SPRINGS, FL 33266	
21 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	SOLI, ORLAN	
23 STREET ADDRESS	19012 W. LAKE DR.	
24 CITY - ST - ZIP	HIALEAH, FL 33015	
31 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	SLIM, RUTH	
33 STREET ADDRESS	9349 N.W. 50TH DORAL CIRCLE DR., N.	
34 CITY - ST - ZIP	MIAMI, FL 33178	
41 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	MICHELSON, ESTHER	
43 STREET ADDRESS	132 WHITETHORN DR.	
44 CITY - ST - ZIP	MIAMI SPRINGS, FL 33166	
51 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	HAWORTH, BOB	
53 STREET ADDRESS	1216 ROBIN AVE.	
54 CITY - ST - ZIP	MIAMI SPRINGS, FL 33166	
61 TITLE	AT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	MULET, GREG	
63 STREET ADDRESS	217 HUNTING LODGE DR.	
64 CITY - ST - ZIP	MIAMI SPRINGS, FL 33166	

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 119.07(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 this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James M. Kovach 6/6/95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/95)