


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 02 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 701917 (7)**  
 1. Corporation Name  
**GRACE LUTHERAN CHURCH OF MIAMI SPRINGS, INC.**



Principal Place of Business <b>254 CURTISS PARKWAY                  MIAMI SPRINGS FL 33166-5223</b>	Mailing Address <b>254 CURTISS PARKWAY                  MIAMI SPRINGS FL 33166-5223</b>
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3. Date Incorporated or Qualified <b>01/16/1961</b>
4. FEI Number <b>59-0751924</b>
Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

9. Name and Address of Current Registered Agent

**CIMINO, MARY SUE  
 365 LUDLUM DRIVE  
 MIAMI SPRINGS, FL 33166**

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 reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KOVACH, JAMES	
STREET ADDRESS	PO BOX 660223 N/A	
CITY-ST-ZIP	MIAMI SPRINGS FL 33266	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SOLI, ORLAN	
STREET ADDRESS	19012 W LAKE DR	
CITY-ST-ZIP	HIALEAH FL 33015	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	POLICASTRO, MICHAEL	
STREET ADDRESS	961 ORIOLE AVE.	
CITY-ST-ZIP	MIAMI SPRINGS FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ARMBRUST, DON	
STREET ADDRESS	7005 LOCH ISLE DR.	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HAWORTH, BOB	
STREET ADDRESS	1216 ROBIN AVE	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	MULET, GREG	
STREET ADDRESS	217 HUNTING LODGE DR	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HAWORTH, ROBERT	
1.3 STREET ADDRESS	1216 ROBIN AVE.	
1.4 CITY-ST-ZIP	MIAMI SPRINGS, FL 33166	
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BERRETH, DUANE	
2.3 STREET ADDRESS	18001 N.W. 85TH AVE.	
2.4 CITY-ST-ZIP	HIALEAH, FL 33015	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	THOMAS, TAMARA	
5.3 STREET ADDRESS	261 DEER RUN	
5.4 CITY-ST-ZIP	MIAMI SPRINGS, FL 33166	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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: Robert Haworth **REQUIRE SIGNATURE** Robert Haworth 1/15/98 305-888-2871

CR2E037 (10/97)