

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701917

FILED
Jun 23, 2009
Secretary of State

Entity Name: GRACE LUTHERAN CHURCH OF MIAMI SPRINGS, INC.

Current Principal Place of Business:

254 CURTISS PARKWAY
MIAMI SPRINGS, FL 331665223

New Principal Place of Business:

Current Mailing Address:

254 CURTISS PARKWAY
MIAMI SPRINGS, FL 331665223

New Mailing Address:

FEI Number: 59-0751924 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CIMINO, MARY SUE
365 LUDLUM DRIVE
MIAMI SPRINGS,, FL 33166 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: P () Delete
Name: CAPUTO, BONITA
Address: 240 LA VILLA DR.
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: T () Delete
Name: PRAZNOVSKY, ROSE
Address: 924 SWAN AVE
City-St-Zip: MIAMI, FL 33166

Title: S () Delete
Name: KOVACH, BEVERLY
Address: 709 CURTISS PARKWAY #12
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: AT () Delete
Name: CLIFFORD, BARBARA
Address: 469 SWAN AVENUE
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: VP () Delete
Name: ROETZ, BEVERLY
Address: 71 E. 51ST PL.
City-St-Zip: HIALEAH, FL 33013

Title: PP () Delete
Name: GISHLER, WALTER
Address: 164 CORYDON DR.
City-St-Zip: MIAMI SPRINGS, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: CLIFFORD, BARBARA
Address: 469 SWAN AVE.
City-St-Zip: MIAMI SPRINGS, FL 33166

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

Title: AT (X) Change () Addition
Name: DUNNING, DAVID
Address: 500 WREN AVE.
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: VP (X) Change () Addition
Name: ORTEGA, SANDRA
Address: 5460 N.W. 107TH AVE., #113
City-St-Zip: DORAL, FL 33178

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

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: BONITA CAPUTO

P

06/23/2009

Electronic Signature of Signing Officer or Director

Date