

**2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Jul 25, 2012  
Secretary of State**

DOCUMENT# 701917

**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 (X)

**Name and Address of Current Registered Agent:**HAWORTH, DIANE  
254 CURTISS PARKWAY  
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  
Name: THOMAS, TAMARA  
Address: 261 DEER RUN  
City-St-Zip: MIAMI SPRINGS, FL 33166Title: T  
Name: CLIFFORD, BARBARA  
Address: 469 SWAN AVE.  
City-St-Zip: MIAMI SPRINGS, FL 33166Title: S  
Name: RICE, BETTY  
Address: 212 PAYNE DRIVE  
City-St-Zip: MIAMI SPRINGS, FL 33166Title: AT  
Name: PRAZNOVSKY, ROSE  
Address: 924 SWAN AVENUE  
City-St-Zip: MIAMI SPRINGS, FL 33166Title: VP  
Name: KELLY, SARA  
Address: 2120 ALAMANDA DR.  
City-St-Zip: NORTH MIAMI, FL 33181Title: PP  
Name: CAPUTO, BONITA  
Address: 240 LA VILLA DRIVE  
City-St-Zip: MIAMI SPRINGS, FL 33166

I hereby 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 all other like empowered.

SIGNATURE: BONITA CAPUTO

PP

07/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date