

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 702554 (7)
1. Corporation Name
GRACE LUTHERAN CHURCH OF VERO BEACH, FLORIDA, INC.



Principal Place of Business: **1150 41ST AVENUE VERO BEACH FL 32960**
Mailing Address: **1150 41ST AVENUE VERO BEACH FL 32960**

3. Date Incorporated or Qualified: **06/14/1961**
3a. Date of Last Report: **03/02/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1002356	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	28	29
23	28	29	30
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent

**SMITH, KURT A REVEREND
1150 41ST AVE
VERO BEACH FL 32960**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTUCCIO, DALE	1.2 NAME	Yencho, Robert
STREET ADDRESS	986 29TH ST	1.3 STREET ADDRESS	1805 38th Avenue
CITY-ST-ZIP	VERO BCH FL	1.4 CITY-ST-ZIP	Vero Beach, FL 32960
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, JOHN	2.2 NAME	Jones, John
STREET ADDRESS	5766 81ST S.W.	2.3 STREET ADDRESS	5766 91st S.W.
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP	Vero Beach, FL
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIKE, ANDREW	3.2 NAME	Regan, Victor
STREET ADDRESS	465 37TH CT. S.W.	3.3 STREET ADDRESS	751 16th Ave.
CITY-ST-ZIP	VERO BEACH FL	3.4 CITY-ST-ZIP	Vero Beach, FL 32962
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMES, MIKE	4.2 NAME	Pike, Andrew
STREET ADDRESS	7502 DONLON ROAD	4.3 STREET ADDRESS	465 34th Ct. S.W.
CITY-ST-ZIP	FT. PIERCE FL	4.4 CITY-ST-ZIP	Vero Beach, FL 32968
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(k), 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: JOHN H.F. Jones *[Signature]* **4-28-96** **407-562-2904**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)