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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 702554 (7)

1. Corporation Name
GRACE LUTHERAN CHURCH OF VERO BEACH, FLORIDA, IN C.



Principal Place of Business 1150 41ST AVENUE VERO BEACH FL 32960	Mailing Address 1150 41ST AVENUE VERO BEACH FL 32960-4076
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3. Date Incorporated or Qualified 06/14/1961	3a. Date of Last Report 05/01/1996
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21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

4. FEI Number 59-1002356	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE VP	<input checked="" type="checkbox"/> DELETE
NAME BARTUCCIO, DALE	
STREET ADDRESS 986 29TH ST VERO BCH FL	
CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE
NAME JONES, JOHN	
STREET ADDRESS 5766 91ST S.W. VERO BEACH FL	
CITY-ST-ZIP	
TITLE SD	<input checked="" type="checkbox"/> DELETE
NAME PIKE, ANDREW	
STREET ADDRESS 465 37TH CT. S.W. VERO BEACH FL	
CITY-ST-ZIP	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME HOLMES, MIKE	
STREET ADDRESS 7502 DONLON ROAD FT. PIERCE FL	
CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE
NAME YENCHO, ROBERT	
STREET ADDRESS 1805 38TH AVENUE VERO BEACH FL	
CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE
NAME REGAN, VICTOR	
STREET ADDRESS 751 16TH AVE VERO BEACH FL	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Pike, ANDREW	
1.3 STREET ADDRESS 465 37th CT, SW VERO BEACH, FL	
1.4 CITY-ST-ZIP	
2.1 TITLE 2	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME JONES, JOHN	
2.3 STREET ADDRESS 5766 91st ST, SW VERO BEACH, FL	
2.4 CITY-ST-ZIP	
3.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME BERGGREN, DAVID J. SR	
3.3 STREET ADDRESS 576 34th AVE, SW VERO BEACH, FL	
3.4 CITY-ST-ZIP	
4.1 TITLE 5	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME YENCHO, ROBERT	
4.3 STREET ADDRESS 1805 38th AVE VERO BEACH, FL	
4.4 CITY-ST-ZIP	
5.1 TITLE 6	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME REGAN, VICTOR	
5.3 STREET ADDRESS 751 16th AVE VERO BEACH, FL	
5.4 CITY-ST-ZIP	
6.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME UDE, ROBERT	
6.3 STREET ADDRESS 43 FREEDOM DR VERO BEACH, FL	
6.4 CITY-ST-ZIP	

14. I do 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: JOHN JONES **4-7-97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0020470

CR2E037 (9/96)