

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
95 FEB -6 PM 12:20

DOCUMENT # 702711 (3)

1. Corporation Name

GRACE EVANGELICAL LUTHERAN CHURCH OF ORMOND BEACH, FLORIDA, INC.

Principal Place of Business

Mailing Address

ORMOND BEACH FLORIDA INC
338 OCEAN SHORE BLVD.
ORMOND BEACH FL. 32176

ORMOND BEACH FLORIDA INC
338 OCEAN SHORE BLVD.
ORMOND BEACH FL. 32176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/21/1961	3a. Date of Last Report 01/27/1994
4. FEI Number 59-1115622	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE REV M THOMAS SUBLETT
19 MARJORIE TRAIL
ORMOND BEACH FL 32176

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BUCKWALTER, MARY
STREET ADDRESS 2919 N. PENISULA DR.
CITY - ST - ZIP DAYTONA BEACH FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE VD
NAME MALMROSE, GARY
STREET ADDRESS P.O. BOX 2064 "NA"
CITY - ST - ZIP ORMOND BEACH FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE SD
NAME WOLF, MARTHA
STREET ADDRESS 6 SEA TURTLE TERRACE
CITY - ST - ZIP ORMOND BEACH FL

3.1 TITLE SD
3.2 NAME LARSON, WILLIAM
3.3 STREET ADDRESS 26 Glen Falls Dr., Ormond Beach, Fl.
3.4 CITY - ST - ZIP
☒ Change ☐ Addition

TITLE T
NAME DEMETER, DOROTHY
STREET ADDRESS 1105 WANDERING OAKS DR
CITY - ST - ZIP ORMOND BCH FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dorothy S. Demeter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-95 (904)677-9141

Date

Anytime (Year #

0000798