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Feb 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **702711** **(3)**

1. Corporation Name

GRACE EVANGELICAL LUTHERAN CHURCH OF ORMOND BEAC H, 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. 32176-5777

3. Date Incorporated or Qualified: 07/21/1961
3a. Date of Last Report: 02/02/1996

2. Principal Place of Business — 21
Suite, Apt #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	HOLMGREN, SUZANN		1.2 NAME	Steve Johnson	
STREET ADDRESS	18 PARK TERRACE		1.3 STREET ADDRESS	119 Bosarvey Drive	
CITY-ST-ZIP	ORMOND BEACH FL		1.4 CITY-ST-ZIP	Ormond Beach, Fl. 32176	
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	MALMROSE, GARY		2.2 NAME	Hollis Boss	
STREET ADDRESS	P.O. BOX 2064 "NA"		2.3 STREET ADDRESS	7 Bay Pointe Drive	
CITY-ST-ZIP	ORMOND BEACH FL		2.4 CITY-ST-ZIP	Ormond Beach, Fl. 32174	
TITLE	SD	☒ DELETE	3.1 TITLE	SD	☐ Change ☒ Addition
NAME	LARSON, WILLIAM		3.2 NAME	Jean Robinson	
STREET ADDRESS	26 GLEN FALLS DR.		3.3 STREET ADDRESS	111 Fairway Drive	
CITY-ST-ZIP	ORMOND BEACH FL		3.4 CITY-ST-ZIP	Ormond Beach, Fl. 32176	
TITLE	T D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DEMETER, DOROTHY		4. 2 NAME		
STREET ADDRESS	1105 WANDERING OAKS DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BCH FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: Steven R Johnson Steven R Johnson 1/19/97 (904) 676-3269
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone [illegible]