2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State
02-04-2004 90068 005 ****61.25

DOCUMENT # 702711

1. Entity Name
GRACE EVANGELICAL LUTHERAN CHURCH OF ORMOND BEACH, FLORIDA, INC.

24007596

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

01092004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-1115622
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BARNES, VIRGINIA K REV.
49 PALM DRIVE
ORMOND BEACH, FL 32176

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: The Rev. Virginia K Barnes
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	BOETTCHER, FRED
STREET ADDRESS	28 MARJORIE TRAIL
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	TD
NAME	DEMETER, DOROTHY
STREET ADDRESS	1105 WANDERING OAKS DR
CITY-ST-ZIP	ORMOND BCH, FL 32174
TITLE	~~SD~~
NAME	~~BUCKWALTER, MARY~~
STREET ADDRESS	~~7 BAYWOOD DRIVE~~
CITY-ST-ZIP	~~ORMOND BEACH, FL 32174~~
TITLE	PD
NAME	BERGE, NORMAN
STREET ADDRESS	121 DEER RUN LAKE DRIVE
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	SD
NAME	Margaret Brockman
STREET ADDRESS	2460 Ocean Shore Blvd #206
CITY-ST-ZIP	Ormond Beach, Florida 32176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Norman K Berge
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #