

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2006 8:00 am
Secretary of State

07-21-2006 90027 013 ****61.25

DOCUMENT # 702711

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



Principal Place of Business
**ORMOND BEACH FLORIDA INC
338 OCEAN SHORE BLVD.
ORMOND BEACH, FL 32176**

Mailing Address
**ORMOND BEACH FLORIDA INC
338 OCEAN SHORE BLVD.
ORMOND BEACH, FL 32176**

40100388



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07072006

Chg-NP

CR2E037 (4/06)

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

7. Name and Address of New Registered Agent

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

Name **Barnes, Virginia K**

Street Address (P.O. Box Number is Not Acceptable)

21 Arlington Way

City **Ormond Beach** FL Zip Code **32176**

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 **Dorothy S. Demeter**

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

(NOTE: Registered Agent signature required when reinstating)

July 10, 2006

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Delete
NAME **DEMETER, DOROTHY**
STREET ADDRESS **1105 WANDERING OAKS DR**
CITY-ST-ZIP **ORMOND BCH, FL 32174**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **BROCKMAN, MARGARET**
STREET ADDRESS **2860 OCEAN SHORE BLVD # 206**
CITY-ST-ZIP **ORMOND BEACH, FL 32176**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☒ Delete
NAME **BERGE, NORMAN**
STREET ADDRESS **121 DEER RUN LAKE DRIVE**
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE **PD** ☐ Change ☒ Addition
NAME **Joyce Northridge**
STREET ADDRESS **3580 South Ocean Shore Blvd**
CITY-ST-ZIP **Flagler Beach FL 32136**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **Dorothy S. Demeter**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 10, 2006
Date

386-677-9141
Daytime Phone #