


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 702711 1. Entity Name GRACE EVANGELICAL LUTHERAN CHURCH OF ORMOND BEACH, FLORIDA, INC.	
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FILED
Aug 27, 2008 08:00 AM
Secretary of State

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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

2nd MOORE CR2E037 (4/08)

City & State	City & State	4. FEI Number 59-1115622	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BARNES, VIRGINIA K REV. 21 ARLINGTON WAY ORMOND BEACH FL 32176	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW: FEE IS \$61.25
Due By September 3, 2008

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE	TD <input type="checkbox"/> Delete DEMETER, DOROTHY 1105 WANDERING OAKS DR ORMOND BCH FL 32174
TITLE	SD <input type="checkbox"/> Delete BROCKMAN, MARGARET 2860 OCEAN SHORE BLVD # 206 ORMOND BEACH FL 32176
TITLE	PD <input type="checkbox"/> Delete NORTHBRIDGE, JOYCE 3580 SOUTH OCEAN SHORE BLVD FLAGLER BEACH FL 32136
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000958426
STREET ADDRESS	08/27/08-80002-001 61.25
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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*