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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 9:09

DOCUMENT # 707540 (1)

1. Corporation Name
GRACE LUTHERAN CHURCH INC

Principal Place of Business	Mailing Address
1805 OAK STREET MELBOURNE BEACH FL 32951	1805 OAK STREET MELBOURNE BEACH FL 32951

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/06/1964
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-1720736 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WELLS CLARK
295 LEE AVENUE
SATELLITE BEACH FL 32937

10. Name and Address of New Registered Agent

31 Name: Don Wright
32 Street Address (P.O. Box Number is Not Acceptable): 6 Jennifer Cr.
33
34 City: Indialantic, FL FL 35 Zip Code: 32903

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	1.1 TITLE	SD	☒ Change ☐ Addition
NAME	FEZIE SUE	1.2 NAME	Cherilyn Wells	
STREET ADDRESS	580 NORWOOD CT	1.3 STREET ADDRESS	295 Lee Ave.	
CITY-ST-ZIP	SATELLITE BEACH FL	1.4 CITY-ST-ZIP	Satellite Beach, FL 32937	
TITLE	PD	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	FULLER PAT	2.2 NAME	Clark Wells	
STREET ADDRESS	566 VERA CRUZ BLVD	2.3 STREET ADDRESS	295 Lee Ave.	
CITY-ST-ZIP	INDIALANTIC FL	2.4 CITY-ST-ZIP	Satellite Beach, FL 32937	
TITLE	TD	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	GREINER, KURT	3.2 NAME	Mark Swanson	
STREET ADDRESS	410 DRIFTWOOD AVE	3.3 STREET ADDRESS	333 Marlin Pl.	
CITY-ST-ZIP	MELBOURNE BCH FL	3.4 CITY-ST-ZIP	Melbourne Beach, FL 32951	
TITLE	VD	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	WELLS CLARK	4.2 NAME	Don Wright	
STREET ADDRESS	295 LEE AVENUE	4.3 STREET ADDRESS	6 Jennifer Cr.	
CITY-ST-ZIP	SATELLITE BEACH FL	4.4 CITY-ST-ZIP	Indialantic, FL 32903	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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 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: Clark Wells 2-13-95 407 729 4581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CLARK WELLS

0034503