

2000 UNIFORM BUSINESS REPORT (UBR)

5/5.

DOCUMENT # 707540

1. Entity Name

GRACE LUTHERAN CHURCH INC

FILED
Jun 01, 2000 8:00 am
Secretary of State

05-05-2000 90051 027 ****61.25

Principal Place of Business Mailing Address
1805 OAK ST 1805 OAK ST
MELBOURNE BCH FL 32951 MELBOURNE BCH FL 32951-2625

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1720736

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

OBERG, CARL
3209 OTTAWA CT
MELBOURNE FL 32935

Name Scott Miller
Street Address (P.O. Box Number is Not Acceptable) 300 Albacore Pl.
City Melbourne Beach FL Zip Code 32951

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.

SIGNATURE

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

Scott Miller

4/23/00

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KOTEEK, KAREN	
STREET ADDRESS	290 RICHARDS	
CITY-ST-ZIP	MELBOURNE BEACH FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	OBERG, CARL	
STREET ADDRESS	3209 OTTAWA CT.	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MONTGOMERY, MARK M	
STREET ADDRESS	515 SUNSET BLVD.	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	STOVALL, ROBERT	
STREET ADDRESS	116 MARTESIA WAY	
CITY-ST-ZIP	INDIAN HARBOR BEACH FL 32937	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scott Miller	
STREET ADDRESS	300 Albacore Pl.	
CITY-ST-ZIP	Melbourne Beach, FL 32951	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pam Ballard	
STREET ADDRESS	416 Ave. A	
CITY-ST-ZIP	Melbourne Beach, FL 32951	
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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/00

Date

Daytime Phone #

CR2E037 (9/99)