20	04 NOT-FOR-PRO ANNUAL	DFIT CORPO	RATION		FILED 14, 2004 8:00 a cretary of State		
1. Entity Nam	MENT # 707540				-14-2004 90003 033 ****61.25		
Principal Place of Business 1805 OAK ST MELBOURNE BCH, FL 32951		Mailing Address 1805 OAK ST MELBOURNE BCH, FL 3	32951		54057318		
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06102004 Chg-NP CR2E037 (10/03)			
City & State		City & State		4. FEI Number Applied For 59-1720736 Not Applicable			
Zip	Country 6. Name and Address of Current	Zip	Country	5. Certificate of Statu	s Desired State St		
JONES, DAWN 297 NIKOMAS WAY MELBOURNE BEACH, FL 32951 8. The above named entity submits this statement for the purpose of changing its			Name Dielar Gum Street Address (P.O. Box Number is Not Acceptable) <u>Gol S. Ramona</u> City <u>India landic</u> sregistered office or registered agent, or both, in the State of Florida. Larn familiar with, and accept				
	Signalure, lyped or printed name of registered agent. Filling Fee Is \$61.25 use by September 8, 2004	9. Election Cam Trust Fund Ca	Pegistered Agent signature require	\$5.00 May Be Added to Fees	June 10, 2004 DATE Make check payable to Florida Department of State		
O. ITLE AME TREET ADDRESS ITY-ST-ZIP	OFFICERS AND DIF OD JONES, DAWN 297 NIKOMAS WAY MELBOURNE BEACH, FL 3295	Delete	STREET ADDRESS 5	·····	TO OFFICERS AND DIRECTORS IN 10		
	SD			2721102 5200	ch, FL 52931		
ame Treet address	BALLARD, PAM 416 AVE A MELBOURNE BEACH, FL 3295	Delete	STREET ADDRESS	D m Ballard 6 Ave A elbourne B-	each, FL 3>937 Britchange □ Ad		
AME TREET ADDRESS ATY-ST-ZIP ITLE IAME TREET ADDRESS	BALLARD, PAM 416 AVE A	1 Delete	NAME PA STREET ADDRESS HI CITY-ST-ZIP , MA TITLE S D STREET ADDRESS GC	D m Ballard 6 Ave A elbourne B-	Br Change □ Ad each, FL 32951 □ Change BrAd L 32903		
AME TREET ADDRESS ITY-ST-ZIP ITLE IAME ITY-ST-ZIP ITLE AME TREET ADDRESS TREET ADDRESS	BALLARD, PAM 416 AVE A MELBOURNE BEACH, FL 3295 PD RICHARDS, DON 402 ST JOHNS DR	1 Ar Delete Ar Delete	NAME STREET ADDRESS CITY-ST-ZIP, MA TITLE NAME - STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS GC	m Ballard 6 Ave A elbourne B- eler Gum 11 S. Ramona Indialandic, Fl Hry Feodore 6 Coval Av	$23 Change \square Ad$ $each, FL 32951$ $\square Change B Ad$ 232903 $\square Change B Ad$ adf $ach, FL 32951$		
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Suite, Apt. #, etc.		k 9	_	DO NOT WRITE IN THIS SPACE.				
City & State	rne Beach, FL	Melbourne &	Sead, FL	4. FEI Number		Applied For Not Applicable		
2ip 3295	51 Country	^{Zip} 32951	Country	5. Certificate of St	atus Desired D \$8.75 Ad			
			hlomo O	7. Name and Address of Current Registered Agent				
a la provincia de la composición de la Composición de la composición de la comp	DO NOT W	DITE	Name Gile	Hor Hox Number is				
			- Street Address	COR BOX INUMBER IS		\leftarrow		
	IN THIS SP	ACE	580	Norwoo				
			Satelli	ite Beach	FL 32	937		
	named entity submits this statement lo ions of registered agent.	r the purpose of changing its	registered office or registe	ered agent, or both, in	the state of Florida. I am familiar with	, and accept		
				•	· .			
SIGNATURE .	Signature, typad or printed name of registered agent	and title if applicable. (NOT	E. Registored Agent signature require	ed when reinstating)	DATE			
	FEE IS \$61:25 Initial or Amended UBR	Trust Fund C	npaign Financing Contribution.	\$5.00 May Be Added to Fees	Make Check Payable Florida Department of			
10. IITLE			TRUE STATE STATE			(12/02)		
NAME STREET ADDRESS	Glenn Fezie		NAME STREET ADDRESS	an a		B (12		
CITY-ST-ZIP	Safellite Beach.	FL 32937	CITY-SI-ZIP	Reference and an arrival Constant of the second of t	ongen som kannen af Kristen Medical for delege sta Nyskal i stand förstande Medical Till skalar för som Nyskal i stand förstande Medical Till skalar för som	A CONTRACTOR OF		
TITLE NAME	Pan Ballard		TITLE			CR2E037		
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CITY-ST-ZIP	Melbourne Bead	1, FL 3295)	CITY-ST-ZIP		na an a			
NAVE	Dieder Gum		NAME					
STREET ADDRESS CITY-ST-ZIP	Col. S. Ramon	32903	STREET ADDRESS	DO	NOT WRITE			
TITLE	TD Endard	-	IIII E. San A. San A.	IN :	THIS SPACE			
NAME STREET ACORESS	Barry Feodorodi 406 Coral Ave.		NAME STREET ADDRESS	e ser en angele en a En angele en angele e				
CITY-ST-ZIP	Melbourne Beac	4, FL 32951	CHTY+ST-ZIP	ann a' thailt give Anns anns an Airt Stat		n an an Araban (mar an Araban) An Anna an Araban (mar an Araban) Trans an Araban (mar an Araban)		
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STREET ADDRESS	•		STPECT ADDRESS					
CITY-ST-ZIP TITLE	4		CHY-SI-ZIP TITLE		and a second			
NAME	e. •		NAME	an a	n a tar an an ann an Anna an Anna an Anna Anna	en de Arestan 19 - Charles Gree		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS					
12. Thereby indicated	certify that the information supplied with d on this report or supplemental report i reporation or the receiver or Irustee em- ent with an address, with all other like ei-	s true and accurate and that powered to execute this repo						
						ς. Ι		
SIGNAT	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICE	R OR DIRECTOR		Date Daytime Phone	*		

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Ottachment GRACE LUTHERAN CHI

1805 Oak Street Melbourne Beach, Florida 32951

> Phone: 321-727-1724 Pastor: Roger A. Wenninger

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June 10, 2004

and the second

Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Dear People:

I filed our annual report on line. However, I received the check back because I had not sent any paper work with it.

When I filled out the report you sent, I put the wrong name and address in as registered agent. So, I downloaded a form and filled it out with the correct information.

Both the form you sent and the form I downloaded are enclosed with the check.

Thanks for your attention in this matter.

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