

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707540

FILED  
May 10, 2006  
Secretary of State

Entity Name: GRACE LUTHERAN CHURCH INC

**Current Principal Place of Business:**

1805 OAK ST  
MELBOURNE BCH, FL 32951

**New Principal Place of Business:**

**Current Mailing Address:**

1805 OAK ST  
MELBOURNE BCH, FL 32951

**New Mailing Address:**

FEI Number: 59-1720736      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GUM, DIETER L  
601 S/ RAMONA  
INDIALANTIC, FL 32903      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: FEZIE, GLENN  
Address: 580 NORWOOD CT.  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: VD      ( ) Delete  
Name: BALLARD, PAM  
Address: 416 AVE A  
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: SD      ( ) Delete  
Name: GUM, DIETER  
Address: 601 S. RAMONA  
City-St-Zip: INDIALANTIC, FL 32903

Title: TD      ( ) Delete  
Name: FEODOROFF, BARRY  
Address: 406 CORAL AVENUE  
City-St-Zip: MELBOURNE BEACH, FL 32951

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD      (X) Change ( ) Addition  
Name: PHILP, WES  
Address: 160 SAND PINE RD.  
City-St-Zip: INDIALANTIC, FL 32903

Title: VD      (X) Change ( ) Addition  
Name: MICHELA, FRED  
Address: 341 GALAXY LN.  
City-St-Zip: MELBOURNE BEACH, FL 32951

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD      (X) Change ( ) Addition  
Name: SNELLMAN, ROJ  
Address: 675 HUMMINGBIRD DR  
City-St-Zip: INDIALANTIC, FL 32903

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WES PHILP

PD

05/10/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date