

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707540

FILED
Feb 05, 2007
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 (X)

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: PHILP, WES
Address: 160 SAND PINE RD.
City-St-Zip: INDIALANTIC, FL 32903

Title: VD () Delete
Name: MICHELA, FRED
Address: 341 GALAXY LN.
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: SNELLMAN, ROJ
Address: 675 HUMMINGBIRD DR
City-St-Zip: INDIALANTIC, FL 32903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: MONTGOMERY, MARK
Address: 515 SUNSET BLVD.
City-St-Zip: MELBOURNE BEACH, FL 32951

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

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

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: FRED MICHELA

PD

02/05/2007

Electronic Signature of Signing Officer or Director

Date