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FILED
May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 707932 (0)
 1. Corporation Name
GRACE LUTHERAN CHURCH OF NAPLES, FLORIDA



Principal Place of Business 860 BANYAN BLVD NAPLES FL 33940 US	Mailing Address 860 BANYAN BLVD NAPLES FL 34102-5112 US
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3. Date Incorporated or Qualified 10/09/1964	3a. Date of Last Report 04/30/1996
4. FEI Number 59-6217292	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip	26. Country

9. Name and Address of Current Registered Agent
**LANGE, KENNETH B.
 2369 NORTH GULFSHORE BLVD
 NAPLES FL 33940**

10. Name and Address of New Registered Agent

81 Name MARVIN M. MANNING
82 Street Address (P.O. Box Number is Not Acceptable) 4384-23RD. AV., S.W.
83
84 City NAPLES
85 Zip Code FL 34116

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Marvin M. Manning* DATE **4-28-97**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	BENSON, DAVID	
STREET ADDRESS	4503 LIGHTHOUSE LANE	
CITY-ST-ZIP	NAPLES FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, JILL	
STREET ADDRESS	118 QUAIL HOLLOW CT	
CITY-ST-ZIP	NAPLES FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	LANGE, KENNETH	
STREET ADDRESS	2379 GULFSHORE BLVD. NORTH	
CITY-ST-ZIP	NAPLES FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ROBINSON, DELORES	
STREET ADDRESS	2030 RIVER BEACH	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JURACEK, LOUIS	
STREET ADDRESS	8559 RIDGEWOOD DR.	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HECK, MARSHALL	
STREET ADDRESS	2015 HARBOR LANE	
CITY-ST-ZIP	NAPLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VAL MIHOK
2.3 STREET ADDRESS	365 CARNABY COURT
2.4 CITY-ST-ZIP	NAPLES, FL 34112
3.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MARVIN M. MANNING
3.3 STREET ADDRESS	4384-23RD. AV., S.W.
3.4 CITY-ST-ZIP	NAPLES, FL 34116
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DANIEL WALTHER
5.3 STREET ADDRESS	620 ADMIRALTY PARADE WEST
5.4 CITY-ST-ZIP	NAPLES, FL 34102
6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	KEITH REIMAN
6.3 STREET ADDRESS	239 POLYNESIAN CT.
6.4 CITY-ST-ZIP	MARCO ISLAND, FL 34115

14. I do 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 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: *Marvin M. Manning* DATE: **4/28/97** (941) 456-1509
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0068811

CFR2037 (9/96)