

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90018 001 ****61.25

0071780

DOCUMENT # 707932

1. Entity Name

GRACE LUTHERAN CHURCH OF NAPLES, FLORIDA

Principal Place of Business

860 BANYAN BLVD
 NAPLES FL 34102
 US

Mailing Address

860 BANYAN BLVD
 NAPLES FL 34102
 US

00006390



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6217292

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MANNING, MARVIN M
4384-23RD AV SW
NAPLES FL 34116

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(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

| | | |
|----------------|----------------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | BENSON, DAVID | |
| STREET ADDRESS | 4503 LIGHTHOUSE LANE | |
| CITY-ST-ZIP | NAPLES FL | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | MIHOK, VAL | |
| STREET ADDRESS | 365 CARNABY COURT | |
| CITY-ST-ZIP | NAPLES FL | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | MANNING, MARVIN M | |
| STREET ADDRESS | 4384-23RD AV SW | |
| CITY-ST-ZIP | NAPLES FL | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | KIRKWOOD, CLARENCE W | |
| STREET ADDRESS | 4582 EAGLE KEY CIRCLE | |
| CITY-ST-ZIP | NAPLES FL 34112 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | WALTHER, DANIEL | |
| STREET ADDRESS | 620 ADMIRALTY PARADE WEST | |
| CITY-ST-ZIP | NAPLES FL | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | LANGE, KEN | |
| STREET ADDRESS | 2369 GULF SHORE BLVD N | |
| CITY-ST-ZIP | NAPLES FL 34103 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BETTY YOCK | |
| STREET ADDRESS | 75-28 OLEANDER GATEDR. #202 | |
| CITY-ST-ZIP | NAPLES, FL 34109 | |
| TITLE | S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | S VALMIHOK | |
| STREET ADDRESS | 365 CARNABY COURT | |
| CITY-ST-ZIP | NAPLES, FL 34112 | |
| TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CLIFF MUELLER | |
| STREET ADDRESS | 915 8TH AVE. S. | |
| CITY-ST-ZIP | NAPLES, FL. 34102 | |
| TITLE | T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BETSY VANSTON (ARLEN) | |
| STREET ADDRESS | 1817 PRINCESS CT. | |
| CITY-ST-ZIP | NAPLES, FL 34110 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARTY ROOT | |
| STREET ADDRESS | 7693 CITRUS HILL LANE | |
| CITY-ST-ZIP | NAPLES, FL 34109 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOB HILLIER | |
| STREET ADDRESS | 5462 WHITTEN DR. | |
| CITY-ST-ZIP | NAPLES, FL. 34104 | |

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 of Daniel Walther
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREAS.

1-10-2001

(941) 591-1813

Date

Daytime Phone #

CR2E037 (10/00)