


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90016 002 ****70.00

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**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



01162006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-6217292 Applied For
 Not Applicable

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 **Don B. Olson**
 Street Address (P.O. Box Number is Not Acceptable)
26941 McLaughlin Blvd.
 City **Bonita Springs** FL Zip Code **34134**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
*Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P OLSON, DON 26941 MCLAUGHLIN BLVD S.W. BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S STOCKMAN, JOAN 300 ROBIN HOOD CIRCLE #202 NAPLES, FL 341045420 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary Beverly Fritz 820 Belville Blvd. Naples, FL 34104 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP MUELLER, CLIFF 915 8TH AVE EAST NAPLES, FL 34102 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice-President Gerhard M. Freche 4101 Gulfshore Blvd. N., 7-S Naples, FL 34103 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T LEMKE, LESLIE 326 REYNOLDS CT NAPLES, FL 34112 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SCHALLER, DARYL 1709 YORK ISLAND DRIVE NAPLES, FL 34112 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LANGE, KENNETH 2369 GULFSHORE BLVD N. NAPLES, FL 34103 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Don B. Olson Date: 2-19-06 Daytime Phone #: 239-947-1231

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR