


**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>OLSON, DON</b> <b>26941 MCLAUGHLIN BLVD S.W.</b> <b>BONITA SPRINGS, FL 34134</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>S</b> <b>STOCKMAN, JOAN</b> <b>300 ROBIN HOOD CIRCLE #202</b> <b>NAPLES, FL 341045420</b> <input checked="" type="checkbox"/> Delete</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>VP</b> <b>MUELLER, CLIFF</b> <b>915 8TH AVE EAST</b> <b>NAPLES, FL 34102</b> <input checked="" type="checkbox"/> Delete</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>LEMKE, LESLIE</b> <b>326 REYNOLDS CT</b> <b>NAPLES, FL 34112</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCHALLER, DARYL</b> <b>1709 YORK ISLAND DRIVE</b> <b>NAPLES, FL 34112</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LANGE, KENNETH</b> <b>2369 GULFSHORE BLVD N.</b> <b>NAPLES, FL 34103</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Beverly Fritz</b> <b>820 Belville Blvd.</b> <b>Naples, FL 34104</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Vice-President</b> <b>Gerhard M. Freche</b> <b>4101 Gulfshore Blvd. N., 7-S</b> <b>Naples, FL 34103</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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* **2-19-06** **239-947-1231**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #