


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90034 029 \*\*\*\*70.00

<b>DOCUMENT # 707932</b>					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01052007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-6217292	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
OLSON, DON B 26941 MCLAUGHLIN BLVD BONITA SPRINGS, FL 34134			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSON, DON		NAME	OLSON, DON B.	
STREET ADDRESS	26941 MCLAUGHLIN BLVD S.W.		STREET ADDRESS	26941 MCLAUGHLIN BLVD.	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRITZ, BEVERLY		NAME	ROOT, DIANE L.	
STREET ADDRESS	820 BELVILLE BLVD		STREET ADDRESS	7693 CITRUS HILL LANE	
CITY-ST-ZIP	NAPLES, FL 34104		CITY-ST-ZIP	NAPLES, FL 34109	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRECHE, GERHARD M		NAME		
STREET ADDRESS	4101 GULFSHORE BLVD N 7-S		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEMKE, LESLIE		NAME		
STREET ADDRESS	326 REYNOLDS CT		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34112		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHALLER, DARYL		NAME	ROOT, MARTIN J.	
STREET ADDRESS	1709 YORK ISLAND DRIVE		STREET ADDRESS	7693 CITRUS HILL LANE	
CITY-ST-ZIP	NAPLES, FL 34112		CITY-ST-ZIP	NAPLES, FL 34109	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGE, KENNETH		NAME		
STREET ADDRESS	2369 GULFSHORE BLVD N		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP		
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: <i>Don B. Olson</i>			Date: 2-20-07		Daytime Phone #: 239-947-1231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

*Don B. Olson*