


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90185 033 ****70.00

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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

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2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04252008 Chg-NP CR2E037 (12/06)

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

OLSON, DON B
26941 MCLAUGHLIN BLVD
BONITA SPRINGS, FL 34134

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. 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, 2008

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	P	<input type="checkbox"/> Delete
NAME	OLSON, DON	
STREET ADDRESS	26941 MCLAUGHLIN BLVD S.W.	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	FRITZ, BEVERLY	
STREET ADDRESS	820 BELVILLE BLVD	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FRECHE, GERHARD M	
STREET ADDRESS	4101 GULFSHORE BLVD N 7-S	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LEMKE, LESLIE	
STREET ADDRESS	326 REYNOLDS CT	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHALLER, DARYL	
STREET ADDRESS	1709 YORK ISLAND DRIVE	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANGE, KENNETH	
STREET ADDRESS	2369 GULFSHORE BLVD N	
CITY-ST-ZIP	NAPLES, FL 34103	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Root, Diane	
STREET ADDRESS	7693 Citrus Hill Lane	
CITY-ST-ZIP	Naples, FL 34109	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hillier, Barbara	
STREET ADDRESS	5462 Whitten Dr.	
CITY-ST-ZIP	Naples, FL 34104	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Don B. Olson*

4-27-08 *239-947-1231*