

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713522 (1)

1. Corporation Name
GRACE EVANGELICAL LUTHERAN CHURCH, THE LUTHERAN CHURCH - MISSOURI SYNOD OF FORT LAUDERDALE, FLOR



Principal Place of Business Mailing Address
1801 NE 13TH ST FORT LAUDERDALE FL 33304 1801 NE 13TH ST FORT LAUDERDALE FL 33304

3. Date Incorporated or Qualified 10/26/1967 3a. Date of Last Report 06/23/1995

21	22	23	24	25	26	27	28	29	30	4. FEI Number 59-0803202	Applied For Not Applicable
2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
City & State		City & State									
Zip		Country		Zip		Country					

9. Name and Address of Current Registered Agent

EARHART, GEROG
1801 NE 13TH ST
FT6 LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P WOLVERTON, RUTH 5274 NW 30TH CT MARGATE FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DV BASE, ERIC 2709 N.E. 25TH CT. FT. LAUDERDALE FL	2.1 TITLE	Director only <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DS ATCHISON, CAROLYN 832 NW 29TH ST FT LAUDERDALE F	3.1 TITLE	Secretary only <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	T GRAULICH, ROBERT 2300 NE 15TH TERR WILTON MANORS FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	S JACOBI, ROBERT S 2824 NE 26TH ST FT LAUDERDALE, FL 00000	5.1 TITLE	Financial Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	Jacobi, Robert A.
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D DOCTOR, DR. FRED 21367 CAMPO ALLEGRO DR BOCA RATON FL	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	D SHERRILL, Robert
STREET ADDRESS		6.3 STREET ADDRESS	2710 SW 81st Terrace
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Davie, Fl. 33328

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ruth M Wolverton* Ruth Wolverton 1-22-96 954-975-8194
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)