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Feb 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 333041801 NE 13TH ST
FORT LAUDERDALE FL 33304-18193. Date Incorporated or Qualified
10/26/19673a. Date of Last Report
01/29/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-0803202

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for Intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	WOLVERTON, RUTH	
STREET ADDRESS	5274 NW 30TH CT	
CITY-ST-ZIP	MARGATE FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BASE, ERIC	
STREET ADDRESS	2709 N.E. 25TH CT.	
CITY-ST-ZIP	FT. LAUDERDALE FL	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	S	<input type="checkbox"/> DELETE
NAME	ATCHISON, CAROLYN	
STREET ADDRESS	832 NW 29TH ST	
CITY-ST-ZIP	FT LAUDERDALE F	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	T	<input type="checkbox"/> DELETE
NAME	GRAULICH, ROBERT	
STREET ADDRESS	2300 NE 15TH TERR	
CITY-ST-ZIP	WILTON MANORS FL	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	S	<input type="checkbox"/> DELETE
NAME	JACOBI, ROBERT A	
STREET ADDRESS	2824 NE 26TH ST	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHERRILL, ROBERT	
STREET ADDRESS	2710 S W 81ST TERRACE	
CITY-ST-ZIP	DAVIE FL	

6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D Russell, William
6.3 STREET ADDRESS	200 N E 22nd Street
6.4 CITY-ST-ZIP	Fort Lauderdale, FL 33305

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.03(5)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-97

Date

954-763-6286

Daytime Phone # 0035557

CR2E037 (9/96)