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Feb 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 713522 (1)
1. Corporation Name
GRACE EVANGELICAL LUTHERAN CHURCH, THE LUTHERAN CHURCH - MISSOURI SYNOD OF FORT LAUDERDALE, FLOR



Principal Place of Business 1801 NE 13TH ST FORT LAUDERDALE FL 33304	Mailing Address 1801 NE 13TH ST FORT LAUDERDALE FL 33304-1819
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3. Date Incorporated or Qualified 10/26/1967	3a. Date of Last Report 01/29/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-0803202	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent EARHART, GEROGE 1801 NE 13TH ST FT6 LAUDERDALE FL 33304				10. Name and Address of New Registered Agent			
				61 Name			
				62 Street Address (P.O. Box Number is Not Acceptable)			
				63			
				64 City	FL	65 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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P WOLVERTON, RUTH	1.2 NAME	
STREET ADDRESS	5274 NW 30TH CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D BASE, ERIC	2.2 NAME	
STREET ADDRESS	2709 N.E. 25TH CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S ATCHISON, CAROLYN	3.2 NAME	
STREET ADDRESS	832 NW 29TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE F	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T GRAULICH, ROBERT	4.2 NAME	
STREET ADDRESS	2300 NE 15TH TERR	4.3 STREET ADDRESS	
CITY-ST-ZIP	WILTON MANORS FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S JACOBI, ROBERT A	5.2 NAME	
STREET ADDRESS	2824 NE 26TH ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	5.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D SHERRILL, ROBERT	6.2 NAME	D Russell, William
STREET ADDRESS	2710 S W 81ST TERRACE	6.3 STREET ADDRESS	200 N E 22nd Street
CITY-ST-ZIP	DAVIE FL	6.4 CITY-ST-ZIP	Et. 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: *Ruth M Wolverton* **REQUIRED** 1-26-97 954-763-6286
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0035557

CR2E037 (9/96)