

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 03 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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



<b>Principal Place of Business</b> 1801 NE 13TH ST FORT LAUDERDALE FL 33304	<b>Mailing Address</b> 1801 NE 13TH ST FORT LAUDERDALE FL 33304
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<b>3. Date Incorporated or Qualified</b> 10/26/1967	
<b>4. FEI Number</b> 59-0803202	<b>Applied For</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc.	<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Zip	25 Country
29 Zip	30 Country

<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>7. Is this nonprofit corporation a homeowners association?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

**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	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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WOLVERTON, RUTH	
STREET ADDRESS	5274 NW 30TH CT	
CITY-ST-ZIP	MARGATE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BASE, ERIC	
STREET ADDRESS	2709 N.E. 25TH CT.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ATCHISON, CAROLYN	
STREET ADDRESS	832 NW 29TH ST	
CITY-ST-ZIP	FT LAUDERDALE F	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	GRAULICH, ROBERT	
STREET ADDRESS	2300 NE 15TH TERR	
CITY-ST-ZIP	WILTON MANORS FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	JACOBI, ROBERT A	
STREET ADDRESS	2824 NE 26TH ST	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RUSSELL, WILLIAM	
STREET ADDRESS	200 NE 22ND STREET	
CITY-ST-ZIP	FT LAUDERDALE FL	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Cochran, Blair	
1.3 STREET ADDRESS	1220 NE 3 St # 205	
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Bellhorn, Carol	
3.3 STREET ADDRESS	1521 NW 1 Ave	
3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33311	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Jacobi, Robert A.	
4.3 STREET ADDRESS	2824 NE 26 St	
4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33305	
5.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Cruise, Shirley	
5.3 STREET ADDRESS	2314 Cypress Bend Dr. S. #611	
5.4 CITY-ST-ZIP	Pompano Beach, FL 33069	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

**14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Blair Cochran **REQUIRED** 1/5/98 954-760-4111

CR2E037 (10/97)