

FILE NOW: FILING FEE IS \$61.25

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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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3. Date Incorporated or Qualified 10/26/1967	
4. FEI Number 59-0803202	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No

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

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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	
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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 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	S Bellhorn, Carol
3.3 STREET ADDRESS	1521 NW 1 Ave
3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33311
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	T Jacobi, Robert A.
4.3 STREET ADDRESS	2824 NE 26 St
4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33305
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	S 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)