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**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90160 045 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 713522**

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**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip **25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip **30** Country

3. Date Incorporated or Qualified

**10/26/1967**

4. FEI Number  
**59-0803202**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

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

**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

TITLE **P** ☐ DELETE  
NAME **COCHRAN, BLAIR**  
STREET ADDRESS **1220 NE 3 ST #205**  
CITY-ST-ZIP **FT LAUDERDALE FL 33301**

TITLE **D** ☐ DELETE  
NAME **BASE, ERIC**  
STREET ADDRESS **2709 N.E. 25TH CT.**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **S** ☐ DELETE  
NAME **BELLHORN, CAROL**  
STREET ADDRESS **1521 NW 1 AVE**  
CITY-ST-ZIP **FT LAUDERDALE FL 33311**

TITLE **T** ☐ DELETE  
NAME **JACOBI, ROBERT A**  
STREET ADDRESS **2824 NE 26 ST**  
CITY-ST-ZIP **FT LAUDERDALE FL 33305**

TITLE **S** ☐ DELETE  
NAME **CRUSE, SHIRLEY**  
STREET ADDRESS **2314 CYPRESS BEND DR S 611**  
CITY-ST-ZIP **POMPANO BCH FL 33069**

TITLE **D** ☐ 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

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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, with all other like empowered.

SIGNATURE:

*Robert Jacobi* *Robert Jacobi* 3-15-99 / 954-565-5768

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)