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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/26/1967
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number 59-0803202
23. City & State	28. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	29. Zip	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	30. Country	

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 _____ (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	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COCHRAN, BLAIR	12 NAME	
STREET ADDRESS	1220 NE 3 ST #205	13 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	14 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASE, ERIC	22 NAME	
STREET ADDRESS	2709 N.E. 25TH CT.	23 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	24 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLHORN, CAROL	32 NAME	
STREET ADDRESS	1521 NW 1 AVE	33 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	34 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBI, ROBERT A	42 NAME	
STREET ADDRESS	2824 NE 26 ST	43 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33305	44 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUSE, SHIRLEY	52 NAME	
STREET ADDRESS	2314 CYPRESS BEND DR S 611	53 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL 33069	54 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, WILLIAM	62 NAME	
STREET ADDRESS	200 NE 22ND STREET	63 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	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 Date: 3-15-99 Daytime Phone #: 954-565-5768

CR2E037 (1/198)