

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713522

1. Entity Name

GRACE EVANGELICAL LUTHERAN CHURCH, THE LUTHERAN

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90126 006 ****61.25

Principal Place of Business 1801 NE 13TH ST FORT LAUDERDALE FL 33304	Mailing Address 1801 NE 13TH ST FORT LAUDERDALE FLA 33304-1819
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-0803202	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EARHART, GEROGE
 1801 NE 13TH ST
 FT6 LAUDERDALE FL 33304

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P <input type="checkbox"/> Delete
NAME	COCHRAN, BLAIR
STREET ADDRESS	1220 NE 3 ST #205
CITY-ST-ZIP	FT LAUDERDALE FL 33301
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	BASE, ERIC
STREET ADDRESS	2709 N.E. 25TH CT.
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	S <input type="checkbox"/> Delete
NAME	BELLHORN, CAROL
STREET ADDRESS	1521 NW 1 AVE
CITY-ST-ZIP	FT LAUDERDALE FL 33311
TITLE	T <input type="checkbox"/> Delete
NAME	JACOBI, ROBERT A
STREET ADDRESS	2824 NE 26 ST
CITY-ST-ZIP	FT LAUDERDALE FL 33305
TITLE	S <input checked="" type="checkbox"/> Delete
NAME	CRUSE, SHIRLEY
STREET ADDRESS	2314 CYPRESS BEND DR S 611
CITY-ST-ZIP	POMPANO BCH FL 33069
TITLE	D <input type="checkbox"/> Delete
NAME	RUSSELL, WILLIAM
STREET ADDRESS	200 NE 22ND STREET
CITY-ST-ZIP	FT LAUDERDALE FL

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Virginia Spear
STREET ADDRESS	2318 Cypress Bend Dr. South
CITY-ST-ZIP	Pompano Beach, FL 33069
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Murphy
STREET ADDRESS	741 NW 34 Street
CITY-ST-ZIP	Oakland Park, FL 33309
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Signature Required* 3-29-00 / 954-565-5768
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)