FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 24 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 735959 (9)

1. Corporation Name

GRACE EVANGELICAL LUTHERAN CHURCH OF BAYONET POI NT, FLORIDA, INC.

Principal Place of Business	Mailing Address
411 MARINER BLVD. SPRING HILL FL 34609	411 MARINER BLVD. SPRING HILL FL 34609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/01/1976
3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-1617285 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

NUSS, R. STEPHEN
1264 MASADA LANE
SPRING HILL FL 34608

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Norman D. Lehtonen Treasurer 4-18-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	SCHERSCHEL, ROBERT	12 NAME	
STREET ADDRESS	9727 SCETER AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL	14 CITY-ST-ZIP	
TITLE	FSD	21 TITLE	FSD ☒ Change ☐ Addition
NAME	SOULTS, ED	22 NAME	KADING, Derald
STREET ADDRESS	17207 US 41	23 STREET ADDRESS	3388 Windjammer Drive
CITY-ST-ZIP	SPRING HILL FL	24 CITY-ST-ZIP	Spring Hill, FL 34607
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	CLIFFORD, NORMAN	32 NAME	
STREET ADDRESS	7256 BOTTLE BRUSH DR.	33 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	SD ☒ Change ☐ Addition
NAME	GORGES, CLIFF	42 NAME	ANDERSON, Roy
STREET ADDRESS	2059 MEADOWLARK RD	43 STREET ADDRESS	12151 Cavern Road
CITY-ST-ZIP	SPRING HILL FL	44 CITY-ST-ZIP	Spring Hill 34609
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Robert Scherschel 2/8/95 904-596-0452
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COR0070