

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 735959 (9)

1. Corporation Name  
**GRACE EVANGELICAL LUTHERAN CHURCH OF BAYONET POINT, FLORIDA, INC.**



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

3. Date Incorporated or Qualified: 06/01/1976  
3a. Date of Last Report: 04/24/1995

21	2. Principal Place of Business	2a.	Mailing Address	4.	FEI Number	Applied For
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	59-1617285		Not Applicable
23	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
24	Zip	28	Zip		<input type="checkbox"/>	
25	Country	29	Country	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
30		30			<input type="checkbox"/>	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
NUSS, R. STEPHEN 1264 MASADA LANE SPRING HILL FL 34608		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 maintaining) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	SCHERSCHEL, ROBERT	1.2 NAME	ANDERSON, ROY JAMES
STREET ADDRESS	9727 SCETER AVE.	1.3 STREET ADDRESS	12151 CAVERN ROAD
CITY-ST-ZIP	BROOKSVILLE FL	1.4 CITY-ST-ZIP	SPRING HILL, FL 34609
TITLE	FSD	2.1 TITLE	
NAME	KADING, DERALD	2.2 NAME	
STREET ADDRESS	3388 WINDJAMMER DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	
NAME	CLIFFORD, NORMAN	3.2 NAME	
STREET ADDRESS	7256 BOTTLE BRUSH DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	SD
NAME	ANDERSON, ROY	4.2 NAME	KEMPF, BOB
STREET ADDRESS	12151 CAVERN ROAD	4.3 STREET ADDRESS	3007 OVERVIEW LANE
CITY-ST-ZIP	SPRING HILL FL	4.4 CITY-ST-ZIP	SPRING HILL, FL 34608
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: Roy James Anderson ROY JAMES ANDERSON (352) 688-2237  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)