FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

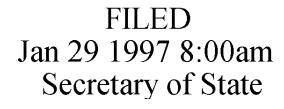
(9)

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

Principal Place of Business

Mailing Address

411 MADINED BLVD





SPRING HILL-FL 34809		SPRING HILL FL 34609-5680					
	<u></u>				3. Date Incorporated or Qualified 06/01/1976	3a. Date of Last 04/12/1	Report 996
	lace of Business	2a. Mailing Address			4. FEI Number 59-1617285	 	Applied For
21	1	26]			38-1017203		Vot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7 "	Additional
22	- AT-	27					Required
City & State	•	City & State			6. Election Campaign Financing	, , ,	О Мау Ве
Zip	Country	28 Zip	Countr	·/	Trust Fund Contribution		d to Fees
24	25	— · · · · · · · · · · · · · · · · · · ·	30	y	8. This corporation has liability for i	intangible tax under Yes No	s. 199.032,
<u>. 471</u>	9. Name and Address of Curren	[=-]	30		10. Name and Address of New Re		
		_	81	Name		<u> </u>	
MISS F	r. Stephen		20		Add (0.0 B. N		
1284 MA	ASADA LANE		82	Street	Address (P.O. Box Number is Not Acceptab	ле)	
	HILL FL 34608		83	3	.		~ ~~~
91 FM 10	10001000				<u> </u>	T !	
			84	City		FL 85 Zip	o Code
11. Pursuant t	to the provisions of Sections 617.050.	2 and 617.1508, Florida Statute of Florida, Such change was a	s, the abov	/e-named	corporation submits this statement for the population's board of directors. I hereby accept	surpose of changing	its registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 617.0503, Flor	rida Statute	is.	services of services and services and services and services and services are services and services and services are services and services are services and services are services and services are services are services and services are servic	A the appointment is	a regiolored
SIGNATURE _	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	: Registered As	jent signature	required when reinstating)	DATE	
12.	OFFICERS ANI	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 12
TITLE	PD	X DELETE	1.1 TITLE		PD	☐ Change	Addition
NAME	ANDERSON, ROY JAMES		1.2 NAME		Scherschel, Robert		
STREET ADDRESS	12151 CAVERN ROAD		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	SPRING HILL FL		1.4 CITY -	ST-ZIP	9727 Scepter Ave. Brooksville, F1 34613		
TITLE	FSD	☐ DELETE	2.1 TITLE		, , ,	☐ Change	Addition
NAME	KADING, DERALD		2.2 NAME				
STREET ADDRESS	3388 WINDJAMMER DRIVE		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	SPRING HILL FL		2. 4 CITY	ST-ZIP			
TITLE	T	X) DELETE	3.1 TITLE		Beu, Henry F.	☐ Change	Addition
NAME	CLIFFORD, NORMAN		3.2 NAME		4000 Everett Ave.		
STREET ADDRESS	7256 BOTTLE BRUSH DR.			T ADDRESS	Spring Hill, Fl. 34609	0	
CITY-ST-ZIP	Spring Hill Fl SD	DELETE	3.4. CITY -	- ŞT - ZIP	OPI 2116 11223 121 34003	Z ☐ Change	Addition
TITLE NAME	KEMPF, BOB		4.1 IIILE 4.2 NAM			∟ cuange	المستمام ني
STREET ADDRESS	3007 OVERVIEW LANE			T ADDRESS			
	SPRING HILL FL						
CITY-ST-ZIP TITLE	OF TRITO THEE I'E	DELETE	4.4 CITY - 5.1 TITLE	31- ZIP		Change	Addition
NAME			5.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			5.4 CITY -				
TITLE		☐ DELETE	6.1 TITLE	01.511		Change	Addition
NAME			6.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			6.4 CITY-				

14. I do 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 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 sappears in Block 12 or Block 13 if changed, or on an attachment with any address.