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Jan 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 Mailing Address
411 MARINER BLVD. SPRING HILL FL 34609
411 MARINER BLVD. SPRING HILL FL 34609-5680

3. Date Incorporated or Qualified 06/01/1976
3a. Date of Last Report 04/12/1996

21	2. Principal Place of Business	2a	2a. Mailing Address	4	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1617285	Not Applicable
22	City & State	27	City & State	5	Certificate of Status Desired	\$8.75 Additional Fee Required
	Zip	28	Zip		<input type="checkbox"/>	
23	Country	29	Country	6	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		30			<input type="checkbox"/>	
24				8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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 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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	ANDERSON, ROY JAMES 12151 CAVERN ROAD SPRING HILL FL
NAME	ANDERSON, ROY JAMES		1.2 NAME	Scherschel, Robert			
STREET ADDRESS	12151 CAVERN ROAD		1.3 STREET ADDRESS	9727 Scepter Ave.			SPRING HILL FL
CITY-ST-ZIP	SPRING HILL FL		1.4 CITY-ST-ZIP	Brooksville, Fl 34613			
TITLE	FSD	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	KADING, DERALD 3388 WINDJAMMER DRIVE SPRING HILL FL
NAME	KADING, DERALD		2.2 NAME				
STREET ADDRESS	3388 WINDJAMMER DRIVE		2.3 STREET ADDRESS				SPRING HILL FL
CITY-ST-ZIP	SPRING HILL FL		2.4 CITY-ST-ZIP				
TITLE	T	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	CLIFFORD, NORMAN 7256 BOTTLE BRUSH DR. SPRING HILL FL
NAME	CLIFFORD, NORMAN		3.2 NAME	Beu, Henry F.			
STREET ADDRESS	7256 BOTTLE BRUSH DR.		3.3 STREET ADDRESS	4000 Everett Ave.			SPRING HILL FL
CITY-ST-ZIP	SPRING HILL FL		3.4 CITY-ST-ZIP	Spring Hill, Fl. 34609			
TITLE	SD	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	KEMPF, BOB 3007 OVERVIEW LANE SPRING HILL FL
NAME	KEMPF, BOB		4.2 NAME				
STREET ADDRESS	3007 OVERVIEW LANE		4.3 STREET ADDRESS				SPRING HILL FL
CITY-ST-ZIP	SPRING HILL FL		4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
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 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.

Robert Scherschel ROBERT SCHERSCHEL 06/18/97-1057

CR2E037 (9/96)