2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735959

FILED Apr 13, 2007 Secretary of State

Entity Name: GRACE EVANGELICAL LUTHERAN CHURCH OF BAYONET POINT, FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 411 MARINER BLVD 411 MARINER BLVD SPRING HILL, FL 34609 US SPRING HILL, FL 34609 US **Current Mailing Address: New Mailing Address:** 411 MARINER BLVD 411 MARINER BLVD SPRING HILL, FL 34609 US SPRING HILL, FL 34609 US FEI Number: 59-1617285 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SEAGER, PAUL M PASTOR SAMPE, PETER J T/D 1264 MAŚADA LN 2001 ALAMEDA DR SPRING HILL, FL 34608 SPRING HILL, FL 34609 US US 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: PETER J. SAMPE 04/13/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: S/D () Delete () Change () Addition POST, RANDY L Name: Name: 212 GLENLOCK LN Address: Address: City-St-Zip: SPRING HILL, FL 34606 City-St-Zip: Title: V/D () Delete Title: () Change () Addition ANDERSON, ROY J Name: Name: Address: 12151 CAVERN RD Address: City-St-Zip: SPRING HILL, FL 34609 US City-St-Zip: Title: T/D () Delete Title: () Change () Addition SAMPE, PETER J Name: Name: Address: 2001 ALAMEDA DR Address: City-St-Zip: SPRING HILL, FL 34609 US City-St-Zip: Title: P/D () Delete Title: () Change () Addition Name: ROSE, TREVOR L Name: Address: 255 WOODSTREAM WAY Address: City-St-Zip: SPRING HILL, FL 34608 US City-St-Zip: Title: () Delete Title: (X) Change () Addition SEAGER, PAUL M PASTOR PEDERSON, BENJY E PASTOR Name: Name: 1264 MASADA LN 4851 GLENBURNE DR Address: Address: City-St-Zip: SPRING HILL, FL 34608 US City-St-Zip: SPRING HILL, FL 34609 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER J. SAMPE T/D 04/13/2007