

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY -1 AM 9:20

**DOCUMENT # 744018 (3)**

1. Corporation Name  
**GRACE LUTHERAN CHURCH OF PENSACOLA, FLORIDA, INC**

Principal Place of Business Mailing Address  
**6601 NORTH 9TH AVE. PENSACOLA FL 32504**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/22/1978** 3a. Date of Last Report **03/30/1994**  
4. FEI Number **59-1283958** Applied For   
Not Applicable

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

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

9. Name and Address of Current Registered Agent  
**ESALA, DANIEL  
3430 LEMMINGTON RD.  
PENSACOLA FL 32504**

10. Name and Address of New Registered Agent  
81 Name **Bickel, Craig**  
82 Street Address (P.O. Box Number is Not Acceptable) **4419 Eastpointe Dr.**  
83  
84 City **Pensacola, FL** 85 Zip Code **32514**

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 *Craig L. Bickel* (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<b>OMIT - DELETE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, PHILLIP	1.2 NAME	<b>Yarbrough, Gayle</b>
STREET ADDRESS	2783 COTTONWOOD LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	<b>DELETE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FJOL, NORMA	2.2 NAME	<b>Esala, Daniel</b>
STREET ADDRESS	7113 WHIRLYBIRD AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL	2.4 CITY - ST - ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YARBROUGH, GAYLE	3.2 NAME	<b>Schollmeyer, Cydney</b>
STREET ADDRESS	4451 CHULA VISTA	3.3 STREET ADDRESS	<b>3006 Marcus Pointe Blvd.</b>
CITY - ST - ZIP	PENSACOLA, FL 00000	3.4 CITY - ST - ZIP	<b>Pensacola, FL 32505</b>
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ESALA, DANIEL	4.2 NAME	<b>Bickel, Craig</b>
STREET ADDRESS	3430 LEMMINGTON RD.	4.3 STREET ADDRESS	<b>4419 Eastpointe Dr.</b>
CITY - ST - ZIP	PENSACOLA FL 32504	4.4 CITY - ST - ZIP	<b>Pensacola, FL 32514</b>
TITLE		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		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(A), 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 the report as required by Chapter 917, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Craig L. Bickel* Rev. Craig L. Bickel 3/6/95 904-476-5667  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Area Phone #)