

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

**FILED**

**Apr 18 1997 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 744018 (3)**  
 1. Corporation Name  
**GRACE LUTHERAN CHURCH OF PENSACOLA, FLORIDA, INC**



Principal Place of Business <b>6601 NORTH 9TH AVE. PENSACOLA FL 32504</b>	Mailing Address <b>6601 NORTH 9TH AVE. PENSACOLA FL 32504-7345</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/22/1978</b>		3a. Date of Last Report <b>03/18/1996</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-1283958</b>		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Zip	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			
<b>BICKEL, CRAIG 4419 EASTPOINTE DR PENSACOLA FL 32514</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PD KNOERR, RALPH</b>	1.2 NAME	
STREET ADDRESS	<b>3722 TIGER POINT RD</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>GULF BREEZE FL 32561</b>	1.4 CITY - ST - ZIP	
TITLE	NAME	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SD BURT, PATTI</b>	2.2 NAME	
STREET ADDRESS	<b>3501 PARKWOOD AVE</b>	2.3 STREET ADDRESS	<b>SD Mpglothren, Annette</b>
CITY - ST - ZIP	<b>PENSACOLA FL 32504</b>	2.4 CITY - ST - ZIP	<b>571 Filly Court Cantonment, FL 32533</b>
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>T MYERS, GWEN Y</b>	3.2 NAME	
STREET ADDRESS	<b>3491 BARKWOOD DR</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PACE FL 32561</b>	3.4 CITY - ST - ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D BICKEL, CRAIG</b>	4.2 NAME	
STREET ADDRESS	<b>4419 EASTPOINTE DR</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PENSACOLA FL</b>	4.4 CITY - ST - ZIP	
TITLE	NAME	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	NAME	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 or is changed, or on an attachment with an address.

SIGNATURE: *[Signature]* PD 11/26/97  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0072698

CR2E037 (9/96)