

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90046 046 \*\*\*\*61.25

**DOCUMENT # 744018**

1. Entity Name  
 GRACE LUTHERAN CHURCH OF PENSACOLA,  
 FLORIDA, INC.



Principal Place of Business  
 6601 NORTH 9TH AVE.  
 PENSACOLA, FL 32504

Mailing Address  
 6601 NORTH 9TH AVE.  
 PENSACOLA, FL 32504



**DO NOT WRITE IN THIS SPACE**

02222006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-1283958	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

LINCK, STEPHEN  
 6601 N. 9TH AVE.  
 PENSACOLA, FL 32504

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Stephen Linck*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

*2-21-06*

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>RD</del> POPPE, LARRY <del>4000 SHIFFKO RD.</del> <del>GANTONMENT, FL 32532</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BUNDE, VIRGINIA 8237 LYRIC DR PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OVERHALSER, DENNIS 1744 CEDRUS LN PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINCK, STEPHEN 6601 N. 9TH AVE PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT HANIFORD, JOEL 4157 CHARTWELL DR PACE FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT MAYES, DAVID 3460 OAKMONT DR PENSACOLA FL 32503

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other files empowered.

SIGNATURE: *Stephen Linck* STEPHEN LINCK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/21/06*

Date

*850-476-5667*

Daytime Phone #