

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 06, 2003 8:00 am**  
**Secretary of State**

01-06-2003 90034 016 \*\*\*\*61.25

**DOCUMENT # 744018**



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

**60000735**



CHECK HERE IF MAKING CHANGES

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

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-1283958** Applied For  
Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

**BICKEL, CRAIG  
4419 EASTPOINTE DR  
PENSACOLA FL 32514**

**7. Name and Address of New Registered Agent**

Name **Stephen Linck**  
Street Address (P.O. Box Number is Not Acceptable)  
**6601 N. 9th Ave.**  
City **PENSACOLA** FL Zip Code **32504**

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 *[Signature]* / **Stephen S. Linck** **1-3-03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

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

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>REX, ROBERTS</b>	
STREET ADDRESS	<b>4437 STACEY CIRCLE</b>	
CITY-ST-ZIP	<b>MILTON FL 32583</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>RATLIFF, LINDA</b>	
STREET ADDRESS	<b>2305 INVERNESS CT</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32503</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>ROBERTS, FRAN</b>	
STREET ADDRESS	<b>4437 STACEY CIRCLE</b>	
CITY-ST-ZIP	<b>MILTON FL 32583</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BICKEL, CRAIG</b>	
STREET ADDRESS	<b>4419 EASTPOINTE DR</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32514</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAYES, DAVID</b>	
STREET ADDRESS	<b>3460 OAKMONT DR</b>	
CITY-ST-ZIP	<b>PENSACOLA, FL 32503</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Wienholt, Susan</b>	
STREET ADDRESS	<b>8140 Northpointe Blvd.</b>	
CITY-ST-ZIP	<b>Pensacola, FL 32514</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Linck, Stephen</b>	
STREET ADDRESS	<b>6601 N. 9th Ave.</b>	
CITY-ST-ZIP	<b>Pensacola, FL 32504</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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 like empowered.

SIGNATURE: *[Signature]* / **Stephen S. Linck** **1-3-03** **850-476-5667**

CR2E037 (10/02)