

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

APPROVED
AND
FILED

95 APR -4 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **764166** (5)

1. Corporation Name

GRACE EVANGELICAL LUTHERAN CHURCH OF WINTER HAVEN N. FLORIDA, INC.

Principal Place of Business

Mailing Address

GRACE LUTHERAN CHURCH
327 AVENUE C. SE
WINTER HAVEN FL 33880
US

GRACE LUTHERAN CHURCH
327 AVENUE C. SE
WINTER HAVEN FL 33880
US

NOTE IN THIS SPACE

3. Date Incorporated or Qualified **07/15/1982** 3a. Date of Last Report **04/27/1984**

4. FEI Number **59-1002111** Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

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

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

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

22 City & State

27 City & State

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

24 Zip 25 Country

29 Zip 30 Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BERNTHAL, AUGUST (DR)
327 AVENUE C, SE
WINTER HAVEN FL 33880**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SO
NAME	CLEAVES, TERRY
STREET ADDRESS	4 EAGLES NEST NW
CITY - ST - ZIP	WINTER HAVEN FL
TITLE	PD
NAME	DAVIS, JOHN
STREET ADDRESS	108 LK OTIS RD S.E.
CITY - ST - ZIP	WINTER HAVEN FL
TITLE	D
NAME	VOLL, AL
STREET ADDRESS	173 LAGOON ROAD, S.E.
CITY - ST - ZIP	WINTER HAVEN FL
TITLE	T
NAME	SUTTON, DONALD
STREET ADDRESS	998 S. LK. ELBERT DR.
CITY - ST - ZIP	WINTER HAVEN FL
TITLE	D
NAME	KRAXBERGER, NATE
STREET ADDRESS	3000 CRUMP ROAD
CITY - ST - ZIP	WINTER HAVEN FL
TITLE	VPO
NAME	WUNSCH, RUDOLF G.
STREET ADDRESS	25 LK. ELOISE LN. S.E.
CITY - ST - ZIP	WINTER HAVEN FL

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(k), 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 if changed, or on an attachment with an address.

SIGNATURE:

Donald Sutton

TREASURER

03/27/95 (813) 293-8447

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date (Month/Day/Year)