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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 764166

1. Corporation Name

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

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/15/1982

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-1002111

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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 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

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 SD DELETE
NAME CLEAVES, TERRY
STREET ADDRESS 9 PEACHTREE LN SE
CITY-ST-ZIP WINTER HAVEN FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PP DELETE
NAME DAVIS, JOHN
STREET ADDRESS 108 LK OTIS RD S.E.
CITY-ST-ZIP WINTER HAVEN FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D DELETE
NAME SHEIL, PATRICK
STREET ADDRESS 50 LAKE HAMILTON CIR. N.E.
CITY-ST-ZIP WINTER HAVEN FL

3.1 TITLE TREASURER Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD DELETE
NAME SUTTON, DONALD
STREET ADDRESS 998 S. LK. ELBERT DR.
CITY-ST-ZIP WINTER HAVEN FL

4.1 TITLE DIRECTOR Change Addition
4.2 NAME GAILYA DEVINE
4.3 STREET ADDRESS 110 WODEN WAY SE
4.4 CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE VPD DELETE
NAME KRAXBERGER, NATE
STREET ADDRESS 328 LK MARIAM BLVD
CITY-ST-ZIP WINTER HAVEN FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE PD DELETE
NAME WUNSCH, RUDOLF G.
STREET ADDRESS 25 LK. ELOISE LN. S.E.
CITY-ST-ZIP WINTER HAVEN FL

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED PATRICK J SHEIL

(941) 293-8447

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)