

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90098 006 ****69.90

DOCUMENT # 766048

1. Entity Name
GRACE LUTHERAN CHURCH OF TALLAHASSEE, INC.



Principal Place of Business
**2919 MICCOSUKEE ROAD
TALLAHASSEE, FL 32308**

Mailing Address
**2919 MICCOSUKEE ROAD
TALLAHASSEE, FL 32308**

20060000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01112006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2226281

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ECKARD, REVERAND O.R.
2507 BETTON WOODS DR.
TALLAHASSEE, FL 32312 08**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
HARRINGTON, MARIE
2904 BREY COURT
TALLAHASSEE, FL 32309** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
HARRINGTON, LISA
11061 TUNG GROVE RD.
TALLAHASSEE, FL 32317** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
Brian Jagerst, Brian
6985 Greenville Road
Tallahassee, FL 32309** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
SCHIELERD, NANCY
1208 HALIFAX COURT
TALLAHASSEE, FL 32308** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
Strum, Kristin
6830 Walden Circle
Tallahassee, FL 32317** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
HOLMDEN, BOB
3116 O'BRIE DR.
TALLAHASSEE, FL 32309** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
Stockdale, Mike
1824 Jean Avenue
Tallahassee, FL 32308** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
JOGERT, BRIAN
8246 CHICKSAW TRL
TALLAHASSEE, FL 32312** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
Hebrank, Kari
7711 Deepwood Trail
Tallahassee, FL 32317** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
HOLLAR, THERESA
6762 WALDEN CIRCLE
TALLAHASSEE, FL 32317** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 like empowered.

SIGNATURE: *KRISTIN STRUM / Kristin Strum* **4/8/06** **850 561-1735**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #