

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2007 08:00 AM**  
**Secretary of State**

**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**



02132007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

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

**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 Rev O.R. Eckard, Jr. Rev O.R. Eckard, Jr. 2/13/07  
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, 2007**

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  
**SD  
HARRINGTON, MARIE  
2904 BREY COURT  
TALLAHASSEE, FL 32309**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
JOGERST, BRIAN  
6985 GREENVILLE RD  
TALLAHASSEE, FL 32309**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
STRUM, KRISTIN  
6830 WALDEN CIR  
TALLAHASSEE, FL 32317**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
STOCKDALE, MIKE  
1824 JEAN AVE  
TALLAHASSEE, FL 32308**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
HEBRANK, KARI  
7711 DEEPWOOD TRL  
TALLAHASSEE, FL 32317**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000642668  
03/01/07-80052-021 61.25

**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 like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kristin Strum  
**STRUM**

2/14/07

Date

Daytime Phone #

850  
561-1735