FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JAN 26 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 770373 (9)

1. Corporation Name

GRACE LUTHERAN CHURCH OF FORT MYERS SHORES, FORT MYERS, FLORIDA, INC.

Principal Place of Business	Mailing Address
14531 OLD OLGA ROAD FORT MYERS FL 33905 US	14531 OLD OLGA ROAD FORT MYERS FL 33905 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/23/1983
3a. Date of Last Report: 02/03/1994
4. FEI Number: 59-2370291 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business — 21: Suite, Apt. #, etc. — 22: City & State — 23: Zip — 24: Country — 25
2a. Mailing Address — 26: Suite, Apt. #, etc. — 27: City & State — 28: Zip — 29: Country — 30

9. Name and Address of Current Registered Agent

PAUL NYSTROM, SR.
41 DAWN FLOWER CIRCLE
LEHIGH ACRES FL 33936

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☑ Change ☐ Addition
NAME	NYSTROM, PAUL	1.2 NAME	DICK KUHN
STREET ADDRESS	41 DAWN FLOWER CR	1.3 STREET ADDRESS	2956 RENEE CT. SE
CITY-ST-ZIP	LEHIGH ACRES FL	1.4 CITY-ST-ZIP	FT MYERS, FL, 33905
TITLE	VPD	2.1 TITLE	VPD ☑ Change ☐ Addition
NAME	KUHN, RICHARD	2.2 NAME	RAY TOWNSEND
STREET ADDRESS	2956 RENEE CT SE	2.3 STREET ADDRESS	1740 WELLS RD
CITY-ST-ZIP	FORT MYERS FL	2.4 CITY-ST-ZIP	N. FT MYERS FL, 33917
TITLE	S	3.1 TITLE	S ☑ Change ☐ Addition
NAME	FERNBERG, CAROLYN	3.2 NAME	RUTH HILGER
STREET ADDRESS	2301 COOK LANE	3.3 STREET ADDRESS	13302 ISLAND RD
CITY-ST-ZIP	ALVA FL	3.4 CITY-ST-ZIP	FT MYERS FL. 33905
TITLE	BMD	4.1 TITLE	☐ Change ☐ Addition
NAME	WASSERSTRASS, IRWIN	4.2 NAME	
STREET ADDRESS	1137 NAVAJO AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	MCWILLIAMS, ROBERT	5.2 NAME	
STREET ADDRESS	13855 SLEEPY HOLLOW LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	5.4 CITY-ST-ZIP	
TITLE	BMD	6.1 TITLE	☐ Change ☐ Addition
NAME	HARDER, TOM	6.2 NAME	1/31
STREET ADDRESS	2101 ST. CROIX	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	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 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.

SIGNATURE: [signature] ROBERT L. MCWILLIAMS 1/30/94 694-8736
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

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