FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

770373

(9)

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

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



				3. Date Incorporated or Qualified 09/23/1983	01/26/1995	
2. Principal	Place of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	4. FEI Number	Applied For	
21		26		59-2370291	Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Oty & Sta	ate	City & State		6. Election Campaign Financing	\$5.00 May Be	
23 28		Trust Fund Contribution Added to Fees		Added to Fees		
Z(p)	Country	Z _I p	Country	8. This corporation has liability for in		
24	[25]	29	30 Florida Statutes Yes No			
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Re	glatered Agent	
5444	111/07D014 0D		81 Name	RICHAR KUHN	•	
	NYSTROM, SR.		82 Street Ac	82 Street Address (P.O. Box Number is Not Acceptable)		
	WN FLOWER CIRCLE		83	FC KEHEE CY. S	<u> </u>	
LEHIG	SH ACRES FL 33936		63	·		
			84 City	- L -	85 Zo Code	
				ti tory tags	rl 33409	
11. Pursuar	nt to the provisions of Sections 617,050	2 and 617.1508, Florida Statut	es, the above-named corp	poration submits this statement for the purp pard of directors. I hereby accept the appoi	ose of changing its registered office	
or regis familiar	tered agent, or both, in the State of Fiori with, and accept the obligations of, Sec	tion 61.0503, Florida Statutes	ed by the corporation's bu s.	pard of directors. Thereby accept the appoin	niment as registered agent. Fam	
SIGNATURE		. hu				
SIGNATURE	Lighature, typed or printed rame of registered ages	t and title if application (NC	TE Registerad Agent signature requ	ired when reinstating)	DATE	
12.		ID DIRECTORS	13.	ADDITIONS CHANGES TO OFFIC		
TILE	PD	DEFELE	1 1 TITLE		Change	
NAME	KUHIN, DICK		1 2 NAME			
STREET ADDRES	S 2956 RENEE CT. SE		1 3 STREET ADDRESS			
CITY-ST-ZIF	FT MYERS FL 33905		1.4 CITY - ST - ZIP			
TITLE	VPD	DELFTE	2.1 TITLE		Change Addition	
NAME	TOLYDNEN, RAY		2.2 NAME			
STREET ADDRES	47400 MELLO DD		2 3 STREET ADORESS			
City St 2P	N. FT. MYERS FL 33912		2 4 CITY - ST - ZIP			
TITLE	Š	DELETE	31 TITLE		Change Addition	
NAME	HILGER, RUTH		3.2 NAME			
	40000 IOLAND DD		3 3 STREET ADORESS			
STREET ADDRES	FT. MYERS FL 33905					
CITY - ST - ZIP	BMD	DELETE	3.4. C(TY - ST - ZIP 4.1 TiTLE		☐ Change ☐ Addition	
TOTLE	WASSERSTRASS, IRWIN					
NAME	4407 51414 10 417		4 2 NAME			
S'REET ADDRES	LEHIGH ACRES FL		4 3 STREET ADDRESS			
City - ST - 2iP	LEGION AURES PL	□ DEL ÉTÉ	4.4 CITY - ST - ZIP		☐ Change ☐ Addition	
THE	MOUTHLAND DODEOT	□DELÉTÉ	5 1 TITLE		Change Addition	
NAME	MCWILLIAMS, ROBERT	LIP	5 2 NAME			
STREET ADDRES		NE	5 3 STREET ADDRESS			
City St-ZiP	FT. MYERS FL		5.4 CITY - ST - ZIP			
TITLE	BMD	DELETE	61 TITLE		Change Addition	
NAME	HARDER, TOM		6 2 NAME			
STHEET ADDRES			6.3 STREET ADDRESS			
CITY - ST - ZIP	FT MYERS FL		6 4 CITY - ST - ZIP			
4. Lab ha	ab . Ad t. that the eformation supplied	with the floor is religionally from		ty for the exemption stated in Section 110 C	17/3\/la\ Elorido Statutas I furthor	

I do hereby cartly that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 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 eath; 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 Birick 12 or Biock 13 if changed, or on an attachment with an address.

SIGNATURE:

NG OFFICER OR DIRECTOR