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NONPROFIT Jun 05 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** 770373 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 3. Date Incorporated or Qualified FORT MYERS FL \$3905 FORT MYERS FL 33905 09/23/1983 Applied For 59-2370291 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 8. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 ☐ Yes 귍 No 28 Zip Country Zıp Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Yes 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Ray Toivonen
Street Address (P.O. Box Number is Not Acceptable) KUHN, RICHARD 82 2958 RENEE CT SE 17400 Wells Road FT. MYERS FL 33905 83 33917 North Fort Myers 84 City 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 amplifier with, and accept the upbligations of, Section 617.0503, Florida Statutes. dowanen 111 agent and title II applicable (NOTE: Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change TITLE DELETE 1.1 TITLE TOIVONEN, RAY NAME 1.2 NAME 17400 WELLS ROAD STREET ADDRESS 1.3 STREET ADDRESS **NORTH FORT MYERS FL 33917** CITY-ST-ZIP 1.4 CITY - ST - ZIP VP D DELETE TITLE 2.1 TITLE ☐ Change Addition MUELLER, RON NAME 2.2 NAME 9622 CREEKWOOD LANE STREET ADDRESS 2.3 STREET ADDRESS FORT MYERS FL 33905 CITY-ST-ZIP 2. 4 CHTY - ST - 2IP DELETE TITLE 3.1 TITLE Change ☐ Addition KORF, DIANNE NAME 3.2 NAME **55**58 PALM BEACH BLVD. # 434 STREET ADDRESS 3.3 STREET ADORESS FORT MYERS FL 33905 CITY - ST - ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE TRKUHN, RICHARD NAME 4.2 NAME Roemer, Glen 2956 RENEE COURT S.E. STREET ADDRESS 4.3 STREET ADDRESS 13826 Third Street FORT MYERS FL 33905 CITY-ST-ZIP 4.4 CITY-ST-ZIP Fort Myers, 33905 DELETE TIFLE 5.1 TITLE Addition NAME Keeton, Gerald 5.2 NAME **2131 ST. CROIX** STREET ADDRESS 5.3 STREET ADDRESS FORT MYERS FL 33905 CITY-ST-ZIP 5.4 CITY - ST - ZIP BUDDU25555ECChange DELETE TITLE 6.1 TITLE Addition HARDER, TOM NAME 6.2 NAME -06/09/98--01105--026 **2101 ST. CROIX** STREET ADDRESS **6.3 STREET ADDRESS** ***61,25 FT MYERS FL 33905 CITY-ST-ZIP 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

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