

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

0068663

**DOCUMENT # 770373**

1. Entity Name

**GRACE LUTHERAN CHURCH OF FORT MYERS SHORES, FORT**

03-08-2001 90107 008 \*\*\*\*61.25

Principal Place of Business

14531 OLD OLGA ROAD  
 FORT MYERS FL 33905  
 US

Mailing Address

14531 OLD OLGA ROAD  
 FORT MYERS FL 33905  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Lee County

Zip

Country

4. FEI Number

59-2370291

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

NYSTROM, PAUL  
 41 DAWN FLOWER CIRCLE  
 LEHIGH ACRES FL 33936

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.

SIGNATURE

*Paul A. Nystrom*

2/27/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P D ☐ Delete  
 NAME NYSTROM, PAUL  
 STREET ADDRESS 41 DAWN FLOWER CIRCLE  
 CITY-ST-ZIP LEHIGH ACRES FL 33905

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

TITLE VP D ☒ Delete  
 NAME HUTCHINGS, WILLIAM  
 STREET ADDRESS 2361 LIMPIN LANE  
 CITY-ST-ZIP ALVA FL 33920

TITLE ☒ Change ☐ Addition  
 NAME R.L. McWilliams  
 STREET ADDRESS 13855 Sleepy Hollow  
 CITY-ST-ZIP Fort Myers, FL 33905

TITLE S ☒ Delete  
 NAME BOWLING, ANN  
 STREET ADDRESS 14100 RIVER RD  
 CITY-ST-ZIP FORT MYERS FL 33905

TITLE ☒ Change ☐ Addition  
 NAME Marlene Kuhn  
 STREET ADDRESS 2956 Renee Court  
 CITY-ST-ZIP Fort Myers, FL 33905

TITLE TR ☒ Delete  
 NAME ROEMER, GLEN  
 STREET ADDRESS 13826 THIRD STREET  
 CITY-ST-ZIP FORT MYERS FL 33905

TITLE ☒ Change ☐ Addition  
 NAME Irwin Wasserstrass  
 STREET ADDRESS 21 Crestwood Circle S.  
 CITY-ST-ZIP Lehigh Acres, FL 33936

TITLE TR ☐ Delete  
 NAME KEETON, GERALD  
 STREET ADDRESS 2131 ST. CROIX  
 CITY-ST-ZIP FORT MYERS FL 33905

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

TITLE T ☐ Delete  
 NAME HARDER, THOMAS  
 STREET ADDRESS 2101 ST. CROIX  
 CITY-ST-ZIP FT MYERS FL 33905

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

12. 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 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:

*Paul A. Nystrom*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/01

Date

Daytime Phone #

CR2E037 (10/00)