2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 03, 2004
Secretary of State

DOCUMENT# 770373

Entity Name: GRACE LUTHERAN CHURCH OF FORT MYERS SHORES, FORT MYERS, FLORIDA, INC.

Current Principal Place of Business:

14531 OLD OLGA ROAD
FORT MYERS, FL 33905 US

New Principal Place of Business:

Current Mailing Address:

14531 OLD OLGA ROAD
FORT MYERS, FL 33905 US

New Mailing Address:

FEI Number: 59-2370291 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARDER, THOMAS J
2101 ST CROIX AVE
1
FT MYERS, FL 33905 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	NYSTROM, PAUL	
Address:	41 DAWN FLOWER CIRCLE	
City-St-Zip:	LEHIGH ACRES, FL 33905	
Title:	VP\D	( ) Delete
Name:	MCWILLIAMS, R.L.	
Address:	13855 SLEEPY HOLLOW	
City-St-Zip:	FORT MYERS, FL 33095	
Title:	S	( ) Delete
Name:	KUHN, MARLENE	
Address:	2956 RENEE COURT	
City-St-Zip:	FORT MYERS, FL 33905	
Title:	TR	( ) Delete
Name:	WASSERSTRASS, IRWIN	
Address:	21 CRESTWOOD CIRCLE S	
City-St-Zip:	LEHIGH ACRES, FL 33936	
Title:	TR	( ) Delete
Name:	KEETON, GERALD	
Address:	2131 ST. CROIX	
City-St-Zip:	FORT MYERS, FL 33905	
Title:	PD	( ) Delete
Name:	HARDER, THOMAS	
Address:	2101 ST. CROIX	
City-St-Zip:	FT MYERS, FL 33905	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	D	(X) Change ( ) Addition
Name:	HARDER, THOMAS	
Address:	2101 ST. CROIX	
City-St-Zip:	LEHIGH ACRES, FL 33905	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TR	(X) Change ( ) Addition
Name:	KIRSCH, JEFF	
Address:	15817 KEYGRASS LN	
City-St-Zip:	FORT MYERS, FL 33905	
Title:	TR	(X) Change ( ) Addition
Name:	CHAPMAN, GEORGE	
Address:	1009 HIBISCUS AVE	
City-St-Zip:	LEHIGH, FL 33936	
Title:	PD	(X) Change ( ) Addition
Name:	CHAPMAN, LAURA	
Address:	1009 HIBISCUS AVE	
City-St-Zip:	LEHIGH, FL 33936	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS HARDER D 09/03/2004

Electronic Signature of Signing Officer or Director — Date