


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2007 8:00 am
Secretary of State

07-05-2007 90058 050 ****61.25

DOCUMENT # N04000002492	
1. Entity Name GRACE LUTHERAN CHURCH OF MERRITT ISLAND, INC.	

Principal Place of Business 3700 N COURTENAY PARKWAY SUITE 110/112 MERRITT ISLAND, FL 32953	Mailing Address 3700 N COURTENAY PARKWAY SUITE 110/112 MERRITT ISLAND, FL 32953
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2. Principal Place of Business - No P.O. Box # 5455 N. COURTENAY PKWY	3. Mailing Address 5455 N. COURTENAY PKWY
Suite, Apt. #, etc.	Suite, Apt. #, etc.

07032007 Chg-NP CR2E037 (12/06)

City & State MERRITT ISLAND, FL	City & State MERRITT ISLAND, FL
Zip 32953	Country FLORIDA
Zip 32953	Country FLORIDA

4. FEI Number 20-0841994	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CHIPNER, GLENN T GRACE LUTHERAN CHURCH OF MERRITT ISLAND 3700 N COURTENAY PARKWAY, SUITE 110/112 MERRITT ISLAND, FL 32953	
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7. Name and Address of New Registered Agent	
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DARNELL, THOMAS R 3700 N COURTENAY PARKWAY MERRITT ISLAND, FL 32953 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHN DOLLBERG 318 OSCEOLA LANE COCONA BEACH, FL 32931 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAWSON, RON 3700 N COURTENAY PARKWAY MERRITT ISLAND, FL 32953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ERNEST ORTENBERG 4662 GOLDFINCH LANE MERRITT ISLAND, FL 32953 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHIPNER, GLENN T 3700 N COURTENAY PARKWAY MERRITT ISLAND, FL 32953 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BETTY A. HUGHES 2080 NEWFOUND HARBOR DR MERRITT ISLAND, FL 32953 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAIN, STEVE 3700 N COURTENAY PARKWAY MERRITT ISLAND, FL 32953 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Betty A. Hughes TREAS 7/3/07 321-986-9689
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #