

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N15860** (2)

1. Corporation Name

**GRACE EVANGELICAL LUTHERAN CHURCH OF LIVE OAK, I NC.**



Principal Place of Business

Mailing Address

**ROUTE 2, BOX 37  
LIVE OAK FL 32060**

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LIVE OAK FL 32060**

3. Date Incorporated or Qualified  
**07/15/1986**

3a. Date of Last Report  
**04/12/1995**

4. FEI Number  
**59-2722421**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROEHL, MICHAEL J.  
RT 2 BOX 37  
LIVE OAK FL 32060**

81 Name **Karl Stewart**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**RT #2 Box 37**  
83  
84 City **LIVE Oak** FL 85 Zip Code **32060**

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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**4/11/96**  
Date

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	<b>FILKILL, DAVID B</b>	
STREET ADDRESS	<b>RT 6 BOX 58-1</b>	
CITY-ST-ZIP	<b>LIVE OAK FL 32060</b>	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<b>DAVIDSON, ROBERT C.</b>	
STREET ADDRESS	<b>RT. 1 BOX 107</b>	
CITY-ST-ZIP	<b>SALE CITY GA</b>	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<b>ROEHL, MICHAEL J.</b>	
STREET ADDRESS	<b>RT.2, BOX 37</b>	
CITY-ST-ZIP	<b>LIVE OAK FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D	<b>Pastor</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>Karl Stewart</b>	
13 STREET ADDRESS	<b>Rt 2 Box 37</b>	
14 CITY-ST-ZIP	<b>LIVE Oak FL 32060</b>	
21 TITLE D	<b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>Jimmy E Crain</b>	
23 STREET ADDRESS	<b>Rt 10 Box 670</b>	
24 CITY-ST-ZIP	<b>LIVE Oak FL 32060</b>	
31 TITLE TD	<b>Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	<b>Dale R Crain</b>	
33 STREET ADDRESS	<b>Rt 10 Box 670</b>	
34 CITY-ST-ZIP	<b>LIVE Oak FL 32060</b>	
41 TITLE D	<b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<b>Peter KRAFFT</b>	
43 STREET ADDRESS	<b>2342 Skyland Drive</b>	
44 CITY-ST-ZIP	<b>Tallahassee FL 32303</b>	
51 TITLE D	<b>Councilman</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	<b>Robert D. Davidson</b>	
53 STREET ADDRESS	<b>RT #1 Box 107</b>	
54 CITY-ST-ZIP	<b>SALE City, GA 31784</b>	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<b>000001847530</b>	
63 STREET ADDRESS	<b>-06/03/96--01028--040</b>	
64 CITY-ST-ZIP	<b>***61.25</b>	

14. I do hereby certify 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 I were 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-31-96**  
Date

**912-244-8619**  
Daytime Phone #

CR2E037 (12/95)