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

**NONPROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

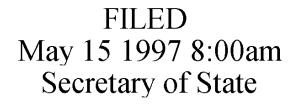
## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT	#
DOCUMENT 1. Corporation Name	11

N15860

(2)



GRACE EVANGELICAL LUTHERAN CHURCH OF LIVE OAK, I NC.									
Principal Plac ROUTE 2. BOX LIVE OAK FL 3	37	Mailing Address ROUTE 2. BOX 37 LIVE OAK FL 32060-9802	2					41411 94	<b>5</b> (1 <b>\$151</b> 1 1 <b>5</b> 01
						3. Date incorporated or Qualified 07/15/1986	3a. Date of 05/0	Last Re	eport 96
	lace of Business	2a. Mailing Address				4. FEI Number 59-2722421			plied For
Suite, Apt.	# ata	26 Cuito Ant III ata				39-2122421			t Applicable
22	#, OIC.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Fee Re	Additional equired
City & State	6	City & State				6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution			lo Fees
Zip	Country	Zip	<del></del>	intry		8. This corporation has liability for in			199.032,
24	25	pt Bagistared Agent	30	Γ			Yes No		
	9. Name and Address of Curre	iir Dahistatan Wästir		81 Na	ame	10. Name and Address of New Reg	heretag WBeU		
<b>(11111</b> )	T VADI								
RT 2 BC	RT, KARL			82 St	reet Addre	ess (P.O. Box Number is Not Acceptable	le)		
	K FL 32060			83					
HIL ON	11 1 C 02000			24 0		·	- Ia-	1 ;	
				<b>84</b> Ci	ty		FL 85	Zip (	Code
agent. I a ! SIGNATURE !	m familiar with, and accept the oblig	gations of, Section 617.0503,  jent and tile if applicable. (N	Florida Sta 01E: Registera	utes.		on's board of directors. I hereby accep	DATE		
12.		ND DIRECTORS	13.		ү	ADDITIONS/CHANGES TO OFFIC			
TITLE	PD ATTOMATOR MADE	DELETE	1.1 T					hange	] Addition
NAME PTOTEX ADDRESS	STEWART, KARL ROUTE 2, BOX 37		1.2 N						
STREET ADDRESS CITY-ST-ZIP	LIVE OAK FL 32060			1.8 STREET ADDRESS					
TITLE	PD	DELETE		2.1 TITLE				hange	Addition
NAME	CRAIN, JIMMY E		2.2 N		}				
STREET ADDRESS	RT 10 BOX 670		2.3 \$	ree1 Adde	RESS				
CITY-ST-ZIP	LIVE OAK FL 32060		2.4 (	ity - ST- Zij	>				
TITLE	TD	☐ DELETE	3.1 TI	TLE	_ {		□ c	hange	Addition
NAME	CRAIN, DALE R		32 N	4ME					
STREET ADDRESS	RT 10 BOX 65	•	1	reet adda	)				
CITY-ST-ZIP	LIVE OAK FL 32060	DELETE		ITY-ST-ZIF	<del>,  </del>			hance	a aratat
TITLE	SD Krafft.		4.1 11					hange	L_j Addition
NAME Street address	2342 SKYLAND DRIVE		4.21						
CITY-ST-ZIP	TALLAHASSEE FL 32303		1	FREET ADDF	ì				
TITLE	CD CD	DELETE		5.1 TITLE				hange	☐ Addition
NAME	DAVIDSON, ROBERT C	<del></del>	52 N		}			-	
STREET ADDRESS	RT 1 BOX 107			REET ADDE	RESS				
CITY-ST-ZIP	SALE CITY GA 31784		5.4 C	TY-ST-ZIP	.				
TITLE									
*****		DELETE	6.1 Ti	TLE				hange	Addition
NAME		☐ DELETE	6.1 TI 6.2 N					hange	☐ Addition
		☐ DELETE	6.2 N		RESS		□ c	hange	☐ Addition

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If 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 Block 12 or Block 13 it engaged, or on an attachment with an address.

5-4-61