

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15860

FILED
Jan 20, 2009
Secretary of State

Entity Name: GRACE EVANGELICAL LUTHERAN CHURCH OF LIVE OAK, INC.

Current Principal Place of Business:

9989 CR 136
LIVE OAK, FL 32060

New Principal Place of Business:

Current Mailing Address:

9989 CR 136
LIVE OAK, FL 32060

New Mailing Address:

FEI Number: 59-2722421

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEWART, KARL R
9989 CR 136
LIVE OAK, FL 32060 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: STEWART, KARL R
Address: 9989 CR 136
City-St-Zip: LIVE OAK, FL 32060

Title: D () Delete
Name: FILKILL, BOYD
Address: 11296 177TH ROAD
City-St-Zip: LIVE OAK, FL 32060

Title: PD () Delete
Name: CRAIN, JIMMY E
Address: 10881 109TH LANE
City-St-Zip: LIVE OAK, FL 32060

Title: D () Delete
Name: KRAFFT, PETER
Address: 2342 SKYLAND DR
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: DAVIDSON, ROBERT C
Address: 6170 CATTAIL ROAD
City-St-Zip: SALE CITY, GA 31784

Title: D () Delete
Name: SHAW, PETER
Address: 8987 160TH TERRACE
City-St-Zip: MC ALPIN, FL 32062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PETER KRAFFT

D

01/20/2009

Electronic Signature of Signing Officer or Director

Date