FILE NOW: FLLkG FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N26706

1. Corporation Name

(4)

GRACE	EVANGELICAL	LITHERAN	CHURCH	INC
UNAUE	EVANGELICAL	LUTHENAIS	UNUNUN,	IIIU.

Principal Place of Business Mailing Address				- 1 (3 0) 0 0 4 0 4 1 1 1	BIII BIBH BIBH BIFII CON		
4100 TWO TF DESTIN FL 33		4100 TWO TREES RD. DESTIN FL 32541					
					3. Date Incorporated or Qualified 06/01/1988	3a. Date of Last 01/25/1	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21 Cuito Anti-	* oto	26 Cuita A=A 4 = A=			59-2322044		Not Applicable
Suite, Apt. 4	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	7	Additional Required
City & State		City & State	·		6. Election Campaign Financing	\$5.0	0 мау Ве
23		28			Trust Fund Contribution		d to Fees
Zip	Country	Zip	Country		8. This corporation has liability for in		199.032,
24	9. Name and Address of Curren	29	30		Florida Statutes L. 10. Name and Address of New Re	Yes No	
	g. Italie and Houses of Correl	t negistered Agent	81	Name			
FEADED	, CHARLES L.			M	OORS SANDRA as (P.O. Box Number is Not Acceptable	<u> </u>	
	NTRY CLUB DRIVE EAST		82	Street Addre	as (P.U. Box Number is Not Acceptable STAHLMAN A	1 E	
	FL 32541		83				
			84	City			- Codo
					STIN	FL 32	2541
11. Pursuant t	o the provisions of Sections 617.0502	and 617.1508, Florida Statute	es, the above r	named corpora	tion submits this statement for the purp of directors. Thereby accept the appo	ose of changing its reintment as registered	egistered office
familiar veit	n, and accept the obligations of Secti		i	o anon s board	To directors. Thereby accept the appo	I I .	agent. ram
SIGNATURE _	Sandra & 11 or	m Sanora J	MOORS	•		2/6/96	
12.	Signature, typed or printed mania or registure agent. OF ICERS AND		13.	it signature re juried i	ADDITIONS/CHANGES TO OFFI	DATE CLES AND DIRECTO	23S IN 12
TITLE	DT	DELETE	1.1 TITLE	D.		Change	Addition
NAME	FEARER, CHARLES L.		1.2 NAME				_
STREET ADDRESS	51 COUNTRY CLUB DR. EAS	T	1.3 STREET	ADDRESS 5	oors, sandra : 51 Stahlman A	VE	
CITY-ST-ZIP	DESTIN FL		14 CITY - S	F-ZIP	ESTIN, FL 325	41-1729	
TITLE	D	X DELETE	2 1 TITLE	0		🕍 Change	Addit on
NAME	raymond, david		2.2 NAM€	84	AKER DON 3 COUNTRY CLUE		
STREET ADDRESS	5203 BERCHWALK		2.3 STREET	ADDRESS 1 4	3 COUNTRY CLUE	DR.W.	
CITY-ST-ZIP	DESTIN FL	S BOS LETS	2 4 CITY - S	ST-ZIP DI	ESTIN, FL 3254	<u> </u>	
TITLE	DS MODOAN CINDY	™ DETELE	3.1 Inte	DS		Change	Addition
NAME STREET ADDRESS	MORGAN, CINDY ROUTE 2, BOX 3250		32 NAME 33 STREET	ADDRESS A	edemann, anne 252 Paradise i	21 E	
C-TY-ST-ZIP	SANTA ROSA BEACH FL		3.4 CHY-5	Y SID	557 N EL 225	100 100	
TITLE	OATIA ROOM DENOTITE	DELETE	41 TITLE	511217	estin, FL 325	Change	Addition
NAME		_	4 2 NAME			_ ,	
STREET ADDRESS			43 STREET	ADDRESS			
CITY - ST · ZIP			4.4 CHY - S	T - ZIP			
TITLE		DELETE	5.1 THILE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			53 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CHY - S	T - ZIP			
TITLE		DELETE	6 1 TITLE	, ,, l	90000175 -03/26/96011	85299	Addition
NAMÉ			6.2 NAME	.	-03/26/ <u>9</u> 6011	35010	
STREET ADDRESS			63STREET	ADDRESS	***61.25		
CITY-ST-ZIP			6.4 CHY-S	1-719			

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 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 of Block 13 if shanged, or on an attachment with an address

SIGNATURE:

Sandra A Moors SANDRA T MOORS 2/6/96 904-654-6879
SIGNATURE AND TYPED OFFINITED IN IME OF SIGNING OFFICER OF DIRECTOR

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