

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N26706 (4)**
1. Corporation Name
GRACE EVANGELICAL LUTHERAN CHURCH, INC.



Principal Place of Business: **4100 TWO TREES RD. DESTIN FL 32541**
Mailing Address: **4100 TWO TREES RD. DESTIN FL 32541**

3. Date Incorporated or Qualified: **06/01/1988**
3a. Date of Last Report: **01/25/1995**
4. FEI Number: **59-2322044**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$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
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Country
2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
30. Country

9. Name and Address of Current Registered Agent
**FEARER, CHARLES L.
51 COUNTRY CLUB DRIVE EAST
DESTIN FL 32541**

10. Name and Address of New Registered Agent
81. Name: **MOORS, SANDRA J**
82. Street Address (P.O. Box Number is Not Acceptable): **531 STAHLMAN AVE**
83.
84. City: **DESTIN** FL 85. Zip Code: **32541**

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: *Sandra J Moors* **SANDRA J MOORS** DATE: **2/6/96**

12. OFFICERS AND DIRECTORS		DELETED
TITLE	DT FEARER, CHARLES L.	<input checked="" type="checkbox"/>
NAME	FEARER, CHARLES L.	
STREET ADDRESS	51 COUNTRY CLUB DR. EAST	
CITY-ST-ZIP	DESTIN FL	
TITLE	D RAYMOND, DAVID	<input checked="" type="checkbox"/>
NAME	RAYMOND, DAVID	
STREET ADDRESS	5203 BERCHWALK	
CITY-ST-ZIP	DESTIN FL	
TITLE	DS MORGAN, CINDY	<input checked="" type="checkbox"/>
NAME	MORGAN, CINDY	
STREET ADDRESS	ROUTE 2, BOX 3250	
CITY-ST-ZIP	SANTA ROSA BEACH FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	DT MOORS, SANDRA J.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	MOORS, SANDRA J.		
1.3 STREET ADDRESS	531 STAHLMAN AVE		
1.4 CITY-ST-ZIP	DESTIN, FL 32541-1729		
2.1 TITLE	D BAKER, DON	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	BAKER, DON		
2.3 STREET ADDRESS	143 COUNTRY CLUB DR. W.		
2.4 CITY-ST-ZIP	DESTIN, FL 32541		
3.1 TITLE	DS RIEDEMANN, ANNETTE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	RIEDEMANN, ANNETTE		
3.3 STREET ADDRESS	4652 PARADISE ISLE		
3.4 CITY-ST-ZIP	DESTIN, FL 32541		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	900001758529	<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	-03/26/96--01165--010		
6.3 STREET ADDRESS	***61.25		
6.4 CITY-ST-ZIP			

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 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Sandra J Moors* **SANDRA J MOORS** DATE: **2/6/96** PHONE: **904-654-6879**

CR2E037 (12/95)