

**2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jun 14, 2007**  
**Secretary of State**

DOCUMENT# N26706

**Entity Name:** GRACE EVANGELICAL LUTHERAN CHURCH, INC.**Current Principal Place of Business:**4325 COMMONS DR W  
DESTIN, FL 32541**New Principal Place of Business:****Current Mailing Address:**4325 COMMONS DR W  
DESTIN, FL 32541**New Mailing Address:****FEI Number:** 59-2322044**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**KRAMER, MARY  
MATTHEWS & HAWKINS, P.A.  
4475 LEGEND DR  
DESTIN, FL 32541 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:** MOORS, SANDRA J  
**Address:** 531 STAHLMAN AVE.  
**City-St-Zip:** DESTIN, FL 32541**Title:** D ( ) Delete  
**Name:** WIND, MIKE  
**Address:** 64 HAMPTON CIR  
**City-St-Zip:** NICEVILLE, FL 32578**Title:** D ( ) Delete  
**Name:** KUMMER, PAUL  
**Address:** 4566 KNOLLWOOD LANE  
**City-St-Zip:** NICEVILLE, FL 32578**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** T (X) Change ( ) Addition  
**Name:** LANDSBERGER, DARLANE  
**Address:** 148 BERMUDA CIRCLE N.  
**City-St-Zip:** NICEVILLE, FL 32578**Title:** P (X) Change ( ) Addition  
**Name:** THERIAULT, CINDY  
**Address:** 45616 E. HWY 20  
**City-St-Zip:** NICEVILLE, FL 32578**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** VP ( ) Change (X) Addition  
**Name:** ANDERSON, TIM  
**Address:** 4509 S. BRISTOL CT.  
**City-St-Zip:** NICEVILLE, FL 32578**Title:** S ( ) Change (X) Addition  
**Name:** WALLIS, JOANN  
**Address:** 4557 SAILMAKER LN  
**City-St-Zip:** DESTIN, FL 32541**Title:** D ( ) Change (X) Addition  
**Name:** ROYSTON, KAY  
**Address:** 360 TRADEWINDS DR  
**City-St-Zip:** SANTA ROSA BEACH, FL 32459

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: DARLANE LANDSBERGER

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06/14/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date