

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26706

FILED
Mar 02, 2009
Secretary of State

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: T () Delete
Name: LANDSBERGER, DARLANE
Address: 148 BERMUDA CIRCLE N.
City-St-Zip: NICEVILLE, FL 32578

Title: P () Delete
Name: THERIAULT, CINDY
Address: 45616 E. HWY 20
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: KUMMER, PAUL
Address: 4566 KNOLLWOOD LANE
City-St-Zip: NICEVILLE, FL 32578

Title: VP () Delete
Name: ANDERSON, TIM
Address: 4509 S. BRISTOL CT.
City-St-Zip: NICEVILLE, FL 32578

Title: S () Delete
Name: WALLIS, JOANN
Address: 4557 SAILMAKER LN
City-St-Zip: DESTIN, FL 32541

Title: D () Delete
Name: ROYSTON, KAY
Address: 360 TRADEWINDS DR
City-St-Zip: SANTA ROSA BEACH, FL 32459

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: PAUL KUMMER

D

03/02/2009

Electronic Signature of Signing Officer or Director

Date