

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **N46484** (4)

1. Corporation Name

GRACE LUTHERAN CHURCH OF PORT ST. LUCIE, FLORIDA, INC.

Principal Place of Business

Mailing Address

718 SW PORT ST LUCIE BOULEVARD
PORT ST LUCIE FL 34953
US

PO BOX 9496
PORT ST LUCIE FL 34985
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/17/1991** 3a. Date of Last Report **04/05/1994**
4. FEI Number **65-0315662** Applied For ☐
Not Applicable ☐

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **718 SW Pt. St. Lucie Blvd.**

22 City & State

27 Suite, Apt. #, etc.

23 Zip

Country

28 **Pt. St. Lucie, FL.**

24 Zip

Country

29 **34953**

Country

30 **USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MUNDINGER, ORRIE R.
1744 SOUTHEAST ELKHART TERRACE
PORT ST. LUCIE FL**

81 Name **Fred Richey**
82 Street Address (P.O. Box Number is Not Acceptable) **6704 Donlon Blvd.**
83 **Fort Pierce, Fl.**
84 City **FL** 85 Zip Code **34951**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Fred Richey*

(NOTE: Registered Agent Signature required when terminating)

4-9-95

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	MUNDINGER, ORRIE R.	12 NAME	Fred Richey
STREET ADDRESS	1744 S.E. ELKHART TERR.	13 STREET ADDRESS	6704 Donlon Blvd.
CITY-ST-ZIP	PORT ST. LUCIE FL	14 CITY-ST-ZIP	Fort Pierce, Fl. 34951
TITLE	V	21 TITLE	☒ Change ☐ Addition
NAME	BAILEY, ROBERT	22 NAME	Orrie Mundinger
STREET ADDRESS	1162 S.W. BELLEVUE AVE.	23 STREET ADDRESS	1744 SE Elkhart Terrace
CITY-ST-ZIP	PORT ST. LUCIE FL 34953	24 CITY-ST-ZIP	Pt. St. Lucie, Fl. 34952
TITLE	S	31 TITLE	☒ Change ☐ Addition
NAME	HOFFMAN, CAROL	32 NAME	
STREET ADDRESS	1427 SE GRAPELAND AVE	33 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☒ Change ☐ Addition
NAME	BAILEY, MELISSA	42 NAME	
STREET ADDRESS	1162 SW BELLEVUE AVE	43 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL	44 CITY-ST-ZIP	
TITLE	FS	51 TITLE	☒ Change ☐ Addition
NAME	MUNDINGER, ETHEL	52 NAME	
STREET ADDRESS	1744 SE ELKHART TERR	53 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 110.07(3)(b), 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 unchanged, or as an attachment with an address.

SIGNATURE: *Fredrick Richey*

(SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

4-9-95 (407) 461-9311

Date (Daytime Number)