

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90123 019 ****61.25

DOCUMENT # N46484

1. Corporation Name

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

Principal Place of Business

**710 SW PORT ST LUCIE BLVD
PORT ST LUCIE FL 34953
US**

Mailing Address

**710 SW PT ST LUCIE BLVD
PORT ST LUCIE FL 34953
US**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

3. Date Incorporated or Qualified

12/17/1991

4. FEI Number

65-0315662

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GARBERS, KEVIN L.
7205 ARTHURS ROAD
FT PIERCE FL 34951**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **SCHLAMP, DARYL**
CITY-ST-ZIP **2961 SE MORNINGSIDE BLVD
PRT ST LUCIE FL 34952**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **VIK, DAVID**
CITY-ST-ZIP **1028 SW SPRUCE ST
PALM CITY FL 34990**

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **T**
STREET ADDRESS **GILLEN, DEBBIE**
CITY-ST-ZIP **2811 SW SUN CT
PRT ST LUCIE FL 34953**

3.1 TITLE **c** ☐ Change ☒ Addition
3.2 NAME **Kevin Garbers**
3.3 STREET ADDRESS **7205 Arthurs Rd**
3.4 CITY-ST-ZIP **FT. Pierce, FL 34951**

TITLE ☒ DELETE
NAME **S**
STREET ADDRESS **MILLER, CAROL**
CITY-ST-ZIP **625 SW PUEBLO TERRACE
PORT ST. LUCIE FL 34953**

4.1 TITLE **5** ☐ Change ☒ Addition
4.2 NAME **Ehmke, Ellie**
4.3 STREET ADDRESS **1142 Sw Granada St**
4.4 CITY-ST-ZIP **Pt. St. Lucie, FL 34983**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **MCKNIGHT, AMY**
CITY-ST-ZIP **2386 SW LEJUNE ST
PORT ST LUCIE FL**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **POWELL, CHARLES**
CITY-ST-ZIP **1913 ROYAL PALM DR
FT PIERCE FL**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **K. Garbers**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

03/22/99

Daytime Phone #

**561
468-5351**

CR2E037 (1/98)