

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 26, 2004 8:00 am**  
**Secretary of State**

07-26-2004 90002 043 \*\*\*\*61.25

**DOCUMENT # N46484**

1. Entity 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 PORT ST LUCIE BLVD  
PORT ST LUCIE, FL 34953 US**

2. Principal Place of Business  
**555 SW Cashmere**

3. Mailing Address  
**555 SW Cashmere**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07202004 Chg-NP

CR2E037 (10/03)

City & State  
**Port Saint Lucie FL**

City & State  
**Port Saint Lucie, FL**

4. FEI Number  
**65-0315662**

Applied For  
Not Applicable

Zip Country  
**34986-2034 US**

Zip Country  
**34986-2034 US**

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

**8. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

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

Name

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

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Kevin L. Garbers*

**07/21/04**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE **P** ☐ Delete  
NAME **GARBERS, KEVIN**  
STREET ADDRESS **7205 ARTHURS RD**  
CITY-ST-ZIP **FT PIERCE, FL 34951**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☐ Delete  
NAME **GRUEDENBURG, JERRY**  
STREET ADDRESS **766 SE RIVER LA**  
CITY-ST-ZIP **PORT SAINT LUCIE, FL 34983**

TITLE **D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **DURDA, TONY**  
STREET ADDRESS **2820 SE TATE AVE**  
CITY-ST-ZIP **PORT ST LUCIE, FL 34984**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☐ Delete  
NAME **KRAFT, JANE**  
STREET ADDRESS **572 SW DAUPHIN AVE**  
CITY-ST-ZIP **PORT SAINT LUCIE, FL 34953**

TITLE **D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **MCDONNELL, CHRIS**  
STREET ADDRESS **456 SW STARFLOWER**  
CITY-ST-ZIP **PORT SAINT LUCIE, FL 34953**

TITLE **S/D** ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **OFF** ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S/D** ☐ Change ☒ Addition  
NAME **Carol Miller**  
STREET ADDRESS **9597c Fe Lane**  
CITY-ST-ZIP **Port St. Lucie, FL 34952**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kevin L. Garbers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**07/21/04 464-2112**  
Date Daytime Phone #