

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46484

FILED  
Jan 15, 2006  
Secretary of State

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

**Current Principal Place of Business:**

555 SW CASHMERE  
PORT SAINT LUCIE, FL 34986 US

**New Principal Place of Business:**

**Current Mailing Address:**

555 SW CASHMERE  
PORT SAINT LUCIE, FL 34986 US

**New Mailing Address:**

**FEI Number:** 65-0315662

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

GARBERS, KEVIN L.  
7205 ARTHURS ROAD  
FORT PIERCE, FL 34951 US

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: KEVIN L. GARBERS

01/15/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GARBERS, KEVIN  
Address: 7205 ARTHURS RD  
City-St-Zip: FT PIERCE, FL 34951

Title: D ( ) Delete  
Name: VIC, DAVID  
Address: 731 SW HILLSBORO CR.  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: T ( ) Delete  
Name: SAWYER, KAREN  
Address: 7913 PLANTATION LAKES DRIVE  
City-St-Zip: PORT ST LUCIE, FL 34986

Title: D ( ) Delete  
Name: MCKNIGHT, AMY  
Address: 2386 SW LEJUNE ST.  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: D ( ) Delete  
Name: MCDONNELL, CHRIS  
Address: 162 NW PLEASANT GROVE WAY  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: SD ( ) Delete  
Name: MILLER, CAROL  
Address: 10 SAN PABLO LN  
City-St-Zip: PORT SAINT LUCIE, FL 34952

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: GARBERS, KEVIN  
Address: 7205 ARTHURS RD  
City-St-Zip: FT PIERCE, FL 34951 US

Title: D (X) Change ( ) Addition  
Name: VIC, DAVID  
Address: 731 SW HILLSBORO CR.  
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: FIEBELKORN, BOB  
Address: 942 SW MCCOMKLE AVE.  
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: D (X) Change ( ) Addition  
Name: MCDONNELL, CHRIS  
Address: 162 NW PLEASANT GROVE WAY  
City-St-Zip: PORT SAINT LUCIE, FL 34986 US

Title: SD (X) Change ( ) Addition  
Name: MILLER, CAROL  
Address: 10 SAN PABLO LN  
City-St-Zip: PORT SAINT LUCIE, FL 34952 US

I hereby certify that the information supplied with this filing does not qualify for the 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: KEVIN L. GARBERS

P

01/15/2006

Electronic Signature of Signing Officer or Director

Date