

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46484

FILED
Feb 13, 2007
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
FORT PIERCE, FL 34951 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: P () Delete
Name: GARBERS, KEVIN
Address: 7205 ARTHURS RD
City-St-Zip: FT PIERCE, FL 34951 US

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: GRAFF, WILLIAM
Address: 1324 SW COTTONWOOD COVE
City-St-Zip: PORT ST. LUCIE, FL 34986 US

Title: SD (X) Change () Addition
Name: IRSH, RON
Address: 616 NE CANOE PARK CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

Title: D (X) Change () Addition
Name: GARBERS, KEVIN
Address: 7205 ARTHURS ROAD
City-St-Zip: FORT PIERCE, FL 34951 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 GARBERS

D

02/13/2007

Electronic Signature of Signing Officer or Director

Date