

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46484

FILED
Feb 16, 2009
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: FIEBELKORN, BOB
Address: 942 SW MCCOMKLE AVE
City-St-Zip: PORT SAINT LUCIE, FL 34953 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: D () Delete
Name: NEUBERGER, NORM
Address: 23 ALHAMBRA SOUTH
City-St-Zip: PORT ST. LUCIE, FL 34952 US

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ALBRIGHT, JON
Address: 639 NW TREASURE COVE
City-St-Zip: PORT SAINT LUCIE, FL 34986 US

Title: D (X) Change () Addition
Name: RAYMOND, DAVID
Address: 1100 MITCHEL AVENUE
City-St-Zip: PORT SAINT LUCIE, FL 34952 US

Title: T (X) Change () Addition
Name: STEFFEY, JIM J
Address: 8521 BELFRY PLACE
City-St-Zip: PORT ST LUCIE, FL 34986 US

Title: D (X) Change () Addition
Name: KEE, NORM
Address: 436 SW JEFFERSON CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34986 US

Title: SD (X) Change () Addition
Name: ROBINSON, MARY
Address: 332 SW LAKE FOREST WAY
City-St-Zip: PORT SAINT LUCIE, FL 34986 US

Title: D (X) Change () Addition
Name: KOENIG, HANK
Address: 843 SW ROCKY BAYOU TERR
City-St-Zip: PORT SAINT LUCIE, FL 34986 US

I hereby certify that the information supplied with this filing does not qualify 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

RA

02/16/2009

Electronic Signature of Signing Officer or Director

Date