

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46484

FILED  
Jan 06, 2012  
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:** D  
**Name:** IRSCH, RON  
**Address:** 8824 FIRST TEE ROAD  
**City-St-Zip:** PORT SAINT LUCIE, FL 34986 US

**Title:** P  
**Name:** LIAGRE, LEIGH  
**Address:** 1246 SW MARMORE AVENUE  
**City-St-Zip:** PORT SAINT LUCIE, FL 34953 US

**Title:** T  
**Name:** GARBERS, KEVIN L  
**Address:** 7205 ARTHURS ROAD  
**City-St-Zip:** FORT PIERCE, FL 34951 US

**Title:** D  
**Name:** VIK, LORI  
**Address:** 5763 NW JIGSAW LANE  
**City-St-Zip:** PORT ST. LUCIE, FL 34986 US

**Title:** SD  
**Name:** IANNUZZI, EVELYN  
**Address:** 541 NW FAIRFAX AVENUE  
**City-St-Zip:** PORT SAINT LUCIE, FL 34983 US

**Title:** VP  
**Name:** COFFMAN, CAROL  
**Address:** 2656 SW FAIR ISLE ROAD  
**City-St-Zip:** PORT SAINT LUCIE, FL 34987 US

I hereby 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 all other like empowered.

**SIGNATURE:** KEVIN L. GARBERS

T

01/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date