

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001470 (3)

1. Corporation Name

GRACE LUTHERN CHURCH, U.A.C. KEY WEST, FLA., INC

Principal Place of Business

Mailing Address

2713 FLAGLER AVE.
KEY WEST FL 33040

P.O. BOX 1529
KEY WEST FL 33040



3. Date Incorporated or Qualified

03/24/1994

3a. Date of Last Report

03/13/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

KEMP, WILLIAM O
1438 KENNEDY DR.
KEY WEST FL 33040

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE
NAME KEMP, WILLIAM O
STREET ADDRESS P.O. BOX 1529 N/A
CITY-ST-ZIP KEY WEST FL 33040

TITLE DV ☐ DELETE
NAME BACLE, PETER
STREET ADDRESS 15 AMARYLLIS DR.
CITY-ST-ZIP KEY WEST FL 33040

TITLE DS ☐ DELETE
NAME ZUELCH, JEANNE
STREET ADDRESS 3742 DONALD AVE.
CITY-ST-ZIP KEY WEST FL 33040

TITLE DT ☐ DELETE
NAME HOVEL, GENE
STREET ADDRESS 3301-A DUCK AVE.
CITY-ST-ZIP KEY WEST FL 33040

TITLE DS ☐ DELETE
NAME ROBERTS, ROBERT
STREET ADDRESS 2815 FLAGLER AVE.
CITY-ST-ZIP KEY WEST FL 33040

TITLE D ☐ DELETE
NAME SWOFFORD, GAYLE ELDER
STREET ADDRESS 1519 JOHNSON ST.
CITY-ST-ZIP KEY WEST FL 33040

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)