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May 01 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

**2713 FLAGLER AVE.
KEY WEST FL 33040**

Mailing Address

**P.O. BOX 1529
KEY WEST FL 33041-1529**



3. Date Incorporated or Qualified
03/24/1994

3a. Date of Last Report
03/07/1996

2. Principal Place of Business

21

Suite, Apt #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

APPLIED FOR 59-604158

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

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

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	KEMP, WILLIAM O	
STREET ADDRESS	P.O. BOX 1529 N/A	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BACLE, PETER	
STREET ADDRESS	15 AMARYLLIS DR.	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	ZUELCH, JEANNE	
STREET ADDRESS	3742 DONALD AVE.	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	HOVEL, GENE	
STREET ADDRESS	3301-A DUCK AVE.	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	ROBERTS, ROBERT	
STREET ADDRESS	2815 FLAGLER AVE.	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	D	<input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0024676

CR2E037 (9/96)