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**Secretary of State**

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0025124

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N94000001470**

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 33040



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/24/1994

4. FEI Number

59-6014158

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

9. Name and Address of Current Registered Agent

**KEMP, WILLIAM  
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 PD  
NAME BUCLE, PETER M  
STREET ADDRESS 15 AMARYLLIS DRIVE  
CITY-ST-ZIP KEY WEST FL 33040 ☐ DELETE

TITLE VPD  
NAME KEMP, WILLIAM  
STREET ADDRESS 1438 KENNEDY DRIVE  
CITY-ST-ZIP KEY WEST FL 33040 ☐ DELETE

TITLE TD  
NAME THOMPSON, LAUREN  
STREET ADDRESS 2417 FLAGLER AVENUE  
CITY-ST-ZIP KEY WEST FL 33040 ☒ DELETE

TITLE SD  
NAME FERNANDEZ, BETTY  
STREET ADDRESS 1320 6TH STREET  
CITY-ST-ZIP KEY WEST FL 33040 ☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME BACLE, Peter M.  
1.3 STREET ADDRESS 15 Amaryllis Dr.  
1.4 CITY-ST-ZIP Key West, FL 33040

2.1 TITLE TD ☐ Change ☒ Addition  
2.2 NAME Picking, James  
2.3 STREET ADDRESS 1438 Kennedy Dr.  
2.4 CITY-ST-ZIP Key West, FL 33040

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/99

Date

305 294-8262

Daytime Phone #

CR2E037 (11/98)