2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# N94000001470

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

Current Principal Place of Business:

2713 FLAGLER AVE.
KEY WEST, FL 33040 US

New Principal Place of Business:

Current Mailing Address:

121 U.S. HIGHWAY#1
SUITE #103
KEY WEST, FL 33040 US

New Mailing Address:

FEI Number: 59-6014158 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KEMP, WILLIAM
121 U.S. HIGHWAY #1
SUITE #103
KEY WEST, FL 33040 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	( ) Delete
Name:	KEMP, WILLIAM	
Address:	121 U.S. HIGHWAY #1, SUITE #108	
City-St-Zip:	KEY WEST, FL 33040 US	
Title:	D	( ) Delete
Name:	PICKING, JAMES	
Address:	2713 FLAGLER AVENUE	
City-St-Zip:	KEY WEST, FL 33040 US	
Title:	D	( ) Delete
Name:	SWOFFORD, GAYLE	
Address:	1519 JOHNSON STREET	
City-St-Zip:	KEY WEST, FL 33040 US	
Title:	D	( ) Delete
Name:	COOK, MITCHELL	
Address:	PO BOX 420018	
City-St-Zip:	SUMMERLAND KEY, FL 33042 US	
Title:	S	( ) Delete
Name:	FERNANDEZ, BETTY	
Address:	1320 6TH	
City-St-Zip:	KEY WEST, FL 33040	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	THOMPSON, LAUREN	
Address:	27 BOUGAINVILLA AVENUE	
City-St-Zip:	KEY WEST, FL 33040 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WILLIAM O. KEMP D 04/27/2004

Electronic Signature of Signing Officer or Director — Date