## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## POCUMENT # P94000073441 (5)

**GRACE LUTHERAN CHURCH PROPERTIES, INC.** 

FILED
Apr 23 1997 8:00am
Secretary of State

							E 43    8    8	
Principal Place of Business Mailing Address								
710 SW ST. LL		710 SW PT. ST. LUCIE BLVD.						
PT. ST. LUCIE	FL 34953	PT. ST. LUCIE FL 34953 US						
					3. Date incorporated or Qualified	3a. Date of La	ast Report	
					10/06/1994	05/01/199	6	
<u> </u>	Place of Business	2a. Mailing Address		4. FEI Number		Applied For		
21 Suite, Apt	# 010	26   Suite, Apl. #, etc.			65-0550758			
22	#, <del>0</del> (c.	27			5. Certificate of Status Desired	5. Certificate of Status Desired S8.75 Additional Fee Required		
City & Sta	ate	City & State			6. Election Campaign Financing \$5.00 May Be			
23		28			Trust Fund Contribution		ded to Fees	
Zip	Country	Zip	Count	ry	8. This corporation has liability for			
24	25	29	30		Florida Statutes	] Yes ☐ No		
<u> </u>	9. Name and Address of Currer	nt Registered Agent		1 Name	10. Name and Address of New Re	gistered Agent		
	IE, JOHN B.		ľ	1 Name				
710 SW PT. ST. LUCIE BLVD. PT. ST. LUCIE FL 34953				2 Street A	Street Address (F.O. Box Number is Not Acceptable)			
ri.	51. LUCIE FL 34933		E	3		·		
			Ľ					
			8	4 City		E1 85	Zip Code	
11. Pursuant	to the provisions of Sections 607.050	02 and 607,1508, Florida Sta	tutes, the abo	ve-named	corporation submits this statement for the r	ourpose of changi	no its registered	
office or	registred agent, or both, in the State	of Florida, Such change wa	s authorized Florida Statut	by the corp	corporation submits this statement for the poration's board of directors. If hereby acce	ot the appointmen	l as registered	
SIGNATURE	Wohn K	( Ilm		C3.	LI LI	-16-97	•	
	Signature, typed or printed name of registered age	on a control of applicable (N	OTE Registered A	gent signature	required in the sampley	CALL .		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	CLINE, JOHN B.	DELETE 1.		[		Char	nge	
NAME ATOME ADDRESS	710 SW PT. ST. LUCIE BLVD.		1.2 NAM	i				
STREET ADDRESS City-St-Zip	PT. ST. LUCIE FL			F1 ADDRESS				
TITLE	D D	DELETE	1.4 CITY 2 1 TITLE			Char	nge Addition	
NAME	BAILEY, MELISSA	Ottive	2 2 NAM			L. Cital	ige Addition	
STREET ADDRESS	710 SW PT. ST. LUCIE BLVD.			ET ADDRESS				
CITY-ST-ZIP	PT. ST. LUCIE FL 34953			- \$1 - 7IP				
TITLE	D	DELETE	3.1 Trile			☐ Char	nge Addition	
NAME	HOFFMAN, CAROL		3.2 NAMI	.			- —	
STREET ADDRESS	710 SW ST, LUCIE BLVD.		3.3 STRE	E1 ADDRESS				
CITY-ST-ZIP	PT. ST. LUCIE FL 34953		3.4 CITY	- ST - ZIP				
TITLE		DELETE	4.1 TITLE	ŀ	Ö	☐ Char		
NAME			4. 2 NAM		Young Richard 710 Swer. St. h. Pt. St. Lucie FC			
STREET ADDRESS	1			ET ADDRESS	710 SW8+, St. K	ncie Ksiu	a.	
CITY-ST-ZIP TITLE				ST-7IP	8+, St, Lucie FL	34953	3	
NAME		L. Jutitut	5.1 TOTLE	!	•	∟ Chan	nge L Addition	
STREET ADDRESS			5.2 NAMI					
CITY-ST-ZIP				ET ADDRESS				
TITLE		☐ DELETE	5.4 C/TY-			Chan	noe Addition	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

6.2 NAME

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-ZIP

R Clinic

4-16-91