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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90038 036 ***150.00

| DOCUMENT # P9400073441 | | | | | | | | | | |
|--|---|-----------------------|--|--|---------------|--|--|------------------------------|--------------|--|
| GRACE LUTHERAN CHURCH PROPERTIES, INC. | | | | | | | | | | |
| | • | | | | | | | | | |
| Principal Place | of Business | Mailing Add | ress | | | | | isto ikili biosi (| | |
| - | | _ | | | | | | | | |
| 710 SW ST. LUC PT. ST. LUCIE 1 | | | 710 SW PT. ST. LUCIE BLVD. PT. ST. LUCIE FL 34953 | | | ļ | | | | |
| US | | US | | | | DO NOT WRITE IN THIS SPACE | | | | |
| | | | | | | 3. Date Incorporated or 0 10/06/1994 | łualifed | | | |
| 2 Principal Pl | ace of Business | 2a. Mailing A | Address | | • | 4. FEI Number | | Ap | plied For | |
| 21 Principal Pr | ace of business | | 26 | | | 65-0550758 | | J | t Applicable | |
| Suite, Apt. | #. etc. | | Suite, Apt. #, etc. | | | | | \$8.75 A | Additional | |
| 22 | , | <u> </u> | 27 | | | 5. Certifcate of Status De | sired | Fee Re | quired | |
| City & State | | | City & State | | | 6. Election Campaign Fin | ancing | \$5.00 | May Be | |
| 23 | | 28 | | | | Trust Fund Contributio | <u>n</u> | Added t | o Fees | |
| Zip | | | | Countr | y | | 8. This corporation owes the current year Intangible | | | |
| 24 | 25 | 29 | 30 | <u>) </u> | | Personal Property Tax | | | □No | |
| | 9. Name and Address of Curr | ent Registered Age | <u>ent</u> | 8 | | 10. Name and Address of | f New Registered | Agent | | |
| WAN ADMAN DODOTUEA I | | | | | Name | • | • | | - | |
| VAN ARNAM, DOROTHEA J 710 SW PT. ST. LUCIE BLVD. | | | | 82 | 2 Stree | Address (P.O. Box Number is Not | Acceptable) | | | |
| PT. ST. LUCIE FL 34953 | | | | 8: | | <u> </u> | | | | |
| P1. 51. LUCIE FL 34933 | | | | | * | | | | | |
| | | | | 8 | City | | | 85 Zip 0 | Code | |
| | | | | | | | FL | | ragistarad | |
| Coffice or n | to the provisions of Sections 607.0: egistered agent, or both, in the Stat m familiar with, and accept the obli | le of Florida. Such d | nange was autr | iorizea d' | / the con | d corporation submits this statemen poration's board of directors. I here | y accept the appoir | changing its itment as re | gistered | |
| SIGNATURE | | | | | | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regis | | | | | ent signature | required when reinstating) ADDITIONS/CHANGES | DATE | D DIRECTO | RS IN 12 | |
| 12. | PT OFFICERS A | | DELETE | 13. | | President | TO OTT TOLINO 744 | hange | Addition | |
| | • • | , | | 1.2 NAME | | Falschindle | _ | | | |
| NAME | VAN ARNAM, DOROTHEA J | | | | ET ADDRESS | Earl Schindle | ucie Blva | ١. | | |
| STREET ADDRESS | 710 SW PT. ST. LUCIE BLVD | • | | F | | On the St Lupis | # 34 | | | |
| CITY-ST-ZIP TITLE | PT. ST. LUCIE FL 34953 | | DELETE | 1.4 CITY- 2.1 TITLE | 31-217 | Van- Overident | / 70 - , | cEl Change | Addition | |
| NAME | BAILEY, MELISSA | • | | 2.2 NAME | | Buston Chi | | ١. | 1 | |
| STREET ADDRESS | 710 SW PT. ST. LUCIE BLVD | • | | | ET ADDRESS | nro sill. Port | The Lucie | BLUL | | |
| CITY-ST-ZIP | PT. ST. LUCIE FL 34953 | • | | 2.4 CITY | | Port St. Lucio | 77-34 | 153- | | |
| TITLE | D | | DELETE | 3.1 TITLE | O, L, | Secretary _ | | Change | ☐ Addition | |
| NAME | YOUNG, RICHARD | i | ^ | 3.2 NAME | | melissa Bai | leu | | | |
| STREET ADDRESS | THE OWNER OF LUCIE BLUB | | | | ET ADDRES | | Lucie E | BL WCI. | | |
| CITY-ST-ZIP | PORT ST LUCIE FL | | | 3.4. CITY- | | 100-4 54 /11/11 | a 41.3 | J 443 | | |
| TITLE | TOTT OF LOUIL IL | | DELETE | 4.1 TITLE | | Tresurer Dorothea Van 100 SW Port Port St Luci | -, - | Change | ☐ Addition | |
| NAME | | | | 4.2 NAM | | Translas Val | Arna | | | |
| STREET ADDRESS | | | | | Et addres: | DIO TOTHER VAN | TITUAM | BIN | | |
| CITY-ST-ZIP | • | | | 4.4 CITY- | | Doct St LUAI | 1 1134 | 153 | | |
| TITLE | *************************************** | | DELETE | 5.1 TITLE | | | ~/~ / | Change | Addition | |
| NAME | | · | | 5.2 NAME | | | | | | |

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 607, 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Change

Addition