

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000073441

1. Entity Name

GRACE LUTHERAN CHURCH PROPERTIES, INC.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90113 028 ***150.00

Principal Place of Business 710 SW ST. LUCIE BLVD. PT. ST. LUCIE FL 34953 US	Mailing Address 710 SW PT. ST. LUCIE BLVD. PT. ST. LUCIE FL 34953 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0550758	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VAN ARNAM, DOROTHEA J 710 SW PT. ST. LUCIE BLVD. PT. ST. LUCIE FL 34953	7. Name and Address of New Registered Agent Name HUDSON, DORIS J. Street Address (P.O. Box Number is Not Acceptable) 710 S.W. PT. ST. LUCIE BLVD. City PT. ST. LUCIE FL Zip Code 34953
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8. 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 Doris J. Hudson DORIS J. HUDSON, TREASURER 1-22-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VAN ARNAM, DOROTHEA J 710 SW PT. ST. LUCIE BLVD. PT. ST. LUCIE FL 34953 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUDSON, DORIS J. 710 S.W. PT. ST. LUCIE BLVD. PT. ST. LUCIE, FL. 34953 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAILEY, MELISSA 710 SW PT. ST. LUCIE BLVD. PT. ST. LUCIE FL 34953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, RICHARD 710 SW PT ST LUCIE BLVD PORT ST LUCIE FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EHMKE, HERSCHEL 710 S.W. PT. ST. LUCIE BLVD. PT. ST. LUCIE FL. 34953 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHINDLER, EARL 710 SW PORT ST LUCIE BLVD PORT ST LUCIE FL 34953 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Doris J. Hudson DORIS J. HUDSON 1-22-00 561-891-6952
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)