

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 700578

**Entity Name:** GRACE EVANGELICAL LUTHERAN CHURCH, INCORPORATED

**Current Principal Place of Business:**

4301 16TH ST. NO.  
ST PETERSBURG, FL 33703

**Current Mailing Address:**

4301 16TH ST. NO.  
ST PETERSBURG, FL 33703 US

**FEI Number: 59-0651085**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HALFAST, CHARLES M  
GRACE EVANGELICAL LUTHERAN CHURCH, INC.  
4301 16TH STREET N.  
ST PETERSBURG, FL 33703 US

*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

**Officer/Director Detail :**

Title PD  
Name GREEN, DUSTIN  
Address 910 38TH AVENUE NE  
City-State-Zip: SAINT PETERSBURG FL 33704

Title TD  
Name HALFAST, CHARLES M  
Address 7116 WILLIAMS DRIVE S  
City-State-Zip: SAINT PETERSBURG FL 33705

Title VPD  
Name MARSHALL, GEOFFREY  
Address 195 23RD AVENUE NORTH  
City-State-Zip: SAINT PETERSBURG FL 33704

Title SD  
Name LACHOWICZ, LORI  
Address 523 71ST AVE N  
City-State-Zip: SAINT PETERSBURG FL 33702

*I hereby 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 all other like empowered.*

**SIGNATURE: CHARLES MICHAEL HALFAST**

**TREASURER**

**03/09/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date