

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46484

Entity Name: GRACE LUTHERAN CHURCH OF PORT ST. LUCIE, FLORIDA, INC.**FILED**
Jan 20, 2017
Secretary of State
CC3182293612**Current Principal Place of Business:**555 SW CASHMERE
PORT SAINT LUCIE, FL 34986**Current Mailing Address:**555 SW CASHMERE
PORT SAINT LUCIE, FL 34986 US**FEI Number: 65-0315662****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**GARBERS, KEVIN L
7205 ARTHURS ROAD
FORT PIERCE, FL 34951 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	DIRECTOR, CFO
Name	GARBERS, KEVIN L
Address	7205 ARTHURS ROAD
City-State-Zip:	FORT PIERCE FL 34951

Title	PRESIDENT
Name	WATTS, ED
Address	3501 SW CARMODY STREET
City-State-Zip:	PORT SAINT LUCIE FL 34953

Title	ASST. DIRECTOR
Name	COFFMAN, CAROL
Address	2656 SW FAIR ISLE ROAD
City-State-Zip:	PORT SAINT LUCIE FL 34987

Title	DIRECTOR, TRUSTEE
Name	FREDRICH, PHIL
Address	5926 NW CONUS STREET
City-State-Zip:	PORT ST. LUCIE FL 34986

Title	DIRECTOR, ELDER
Name	VIK, DAVID
Address	5763 NW JIGSAW LANE
City-State-Zip:	PORT ST. LUCIE FL 34986

Title	SECRETARY
Name	NEAGLES, PIPER
Address	9340 WORLD CUP WAY
City-State-Zip:	PORT ST, LUCIE FL 34986

Title	VP
Name	WEAVER, PHILIP
Address	5561 NW NORTH CRISONA CIRCLE
City-State-Zip:	PORT ST.LUCIE FL 34986

Title	PASTOR
Name	ESCHER, CHRISTOPHER
Address	225 SW MANATEE SPRING WAY
City-State-Zip:	PORT SAINT LUCIE FL 34986

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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: KEVIN LEE GARBERS**DIRECTOR OF FINANCE****01/20/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR, EDUCATION
Name	RUZICKA, BARBARA
Address	124 SW TODD
City-State-Zip:	PORT SAINT LUCIE FL 34983