

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46484

Entity Name: GRACE LUTHERAN CHURCH OF PORT ST. LUCIE, FLORIDA, INC.**FILED**
Jan 29, 2022
Secretary of State
9320369461CC**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
7201 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 7201 ARTHURS ROAD
City-State-Zip: FORT PIERCE FL 34951Title VP, DIRECTOR
Name FREDRICH, PHIL
Address 5926 NW CONUS STREET
City-State-Zip: PORT SAINT LUCIE FL 34986Title DIRECTOR, ELDER
Name VIK, DAVID
Address 5763 NW JIGSAW LANE
City-State-Zip: PORT ST. LUCIE FL 34986Title PASTOR
Name ESCHER, CHRISTOPHER
Address 514 SE MAPLE TERRACE
City-State-Zip: PORT SAINT LUCIE FL 34983Title PRESIDENT, DIRECTOR
Name LIAGRE, LEIGH
Address 1246 SW MARMORE AVE
City-State-Zip: PORT SAINT LUCIE FL 34953Title TREASURER
Name SAWYER, KAREN
Address 7913 PLANTATION LAKE DRIVE
City-State-Zip: PORT SAINT LUCIE FL 34986Title TRUSTEE, DIRECTOR
Name ARBUZO, AUGUSTYN
Address 1050 SE SHAKESPEAR AVE.
City-State-Zip: PORT SAINT LUCIE FL 34983

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**CFO****01/29/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date