


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N05418

1. Entity Name
IMMANUEL EVANGELICAL LUTHERAN CHURCH OF MIAMI, INC.



Principal Place of Business
**1770 BRICKELL AVENUE
 MIAMI, FL 33129**

Mailing Address
**1770 BRICKELL AVENUE
 MIAMI, FL 33129**

DO NOT WRITE IN THIS SPACE



07042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-0651089	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WHITTEN, DAVID H
 548 VILLABELLA AVENUE
 MIAMI, FL 33146**

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$61.25
 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WHITTEN, DAVID H 548 VILLABELLA AVENUE CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ROTH, BONNIE 8620 SW 178TH ST. MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD MUELLER, JAMES 787 CRANDON BLVD #1603 KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 07/07/05-80001-002 61.25

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE James Mueller **JAMES MUELLER** 7/5 305-854-0840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #