

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # 701894 (8)

1. Corporation Name

EMMANUEL LUTHERAN CHURCH, INC.

95 FEB -9 AM 11:23

Principal Place of Business

Mailing Address

800 SOUTH TAMiami TRAIL
VENICE FL 34285-3621

800 SOUTH TAMiami TRAIL
VENICE FL 34285-3621

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/09/1961** 3a. Date of Last Report **04/14/1994**

4. FEI Number **59-1351925** Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STEKETEE, JON R.
309 PONCE DE LEON
VENICE FL 34285**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **CRUSINBERRY, THOMAS**
STREET ADDRESS **465 E. RUBENS DRIVE**
CITY-ST-ZIP **NOKOMIS FL**

1.1 TITLE **PD** Change Addition
1.2 NAME **STEKETEE, JON R.**
1.3 STREET ADDRESS **309 PONCE DE LEON**
1.4 CITY-ST-ZIP **VENICE FL**

TITLE **VD**
NAME **WILWANT, RAYMOND**
STREET ADDRESS **1004 DEER RUN**
CITY-ST-ZIP **VENICE FL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **TD**
NAME **STEKETEE, JON R.**
STREET ADDRESS **309 PONCE DE LEON**
CITY-ST-ZIP **VENICE FL**

3.1 TITLE **TD** Change Addition
3.2 NAME **RAYMOND CARLSON**
3.3 STREET ADDRESS **3082 GREY HERON CIRCLE**
3.4 CITY-ST-ZIP **VENICE FL**

TITLE **SD**
NAME **GELLER, ELEANOR**
STREET ADDRESS **P.O. BOX 1129 N/A**
CITY-ST-ZIP **VENICE FL**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **MD**
NAME **LENTZ, KENNETH R REV.**
STREET ADDRESS **912 BECKLEY DRIVE**
CITY-ST-ZIP **VENICE FL**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D**
NAME **KING, DENNIS L**
STREET ADDRESS **1707 LIVINGSTONE ST**
CITY-ST-ZIP **SARASOTA FL**

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 the report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jon R. Stekete

Jon R. Stekete

(3-2-95) 813-488-4942

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature / Title #