

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 701894 (8)

1. Corporation Name
EMMANUEL LUTHERAN CHURCH, INC.



Principal Place of Business: 800 SOUTH TAMiami TRAIL VENICE FL 34285-3621
Mailing Address: 800 SOUTH TAMiami TRAIL VENICE FL 34285-3621

3. Date Incorporated or Qualified: 01/09/1961
3a. Date of Last Report: 02/09/1995

21	2. Principal Place of Business	2a	2a. Mailing Address	4	4. FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1351925	Not Applicable
22	City & State	27	City & State	5	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	Zip	28	Zip	6	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	Country	29	Country	8	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24		30				

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	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)	FL	
83			
84	City		

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Jon R. Stekete* (NOTE: Registered Agent signature required when reinstating) DATE: 2-6-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD STEKETEE, JON R 309 PONCE DE LEON VENICE FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD. STARNER, SHIRLEY 1000 BECKLEY CIRCLE VENICE, FL. 34292	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD WILWANT, RAYMOND 1004 DEER RUN VENICE FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	V.P. HUGHES, ARTHUR 1509 WATERFORD DR VENICE, FL 34292	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	TD CARLSON, RAYMOND 3082 GREY HERON CIR VENICE FL	<input checked="" type="checkbox"/> DELETE	2.2 NAME	TD STEKETEE, JON 309 PONCE DE LEON VENICE, FL. 34285	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	SD GELLER, ELEANOR P.O. BOX 1129 N/A VENICE FL	<input checked="" type="checkbox"/> DELETE	2.3 STREET ADDRESS	SD. WILLIAMS, JOYCE 3910 SIREN RD. VENICE, FL 34293	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	MD LENTZ, KENNETH R REV. 912 BECKLEY DRIVE VENICE FL	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	D KING, DENNIS L 1707 LIVINGSTONE ST SARASOTA FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			3.2 NAME		
CITY-ST-ZIP			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
CITY-ST-ZIP			4.1 TITLE		
CITY-ST-ZIP			4.2 NAME		
CITY-ST-ZIP			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
CITY-ST-ZIP			5.1 TITLE		
CITY-ST-ZIP			5.2 NAME		
CITY-ST-ZIP			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
CITY-ST-ZIP			6.1 TITLE		
CITY-ST-ZIP			6.2 NAME		
CITY-ST-ZIP			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 119.07(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 this 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* DATE: 2-6-96 DAYTIME PHONE #: 488-4942

CR2E037 (12/95)