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Apr 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		01/09/1961		02/21/1996	
Suite, Apt #, etc.		Suite, Apt #, etc.		4. FEI Number		Applied For	
22		27		59-1351925		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23		28		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
24		29		Country		Country	
25		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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			

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 (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)
DATE: 2-10-97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	STARNES, SHIRLEY			1.2 NAME			
STREET ADDRESS	1000 BECKLEY CIRCLE			1.3 STREET ADDRESS			
CITY-ST-ZIP	VENICE FL			1.4 CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	HUGHES, ARTHUR			2.2 NAME			
STREET ADDRESS	1509 WATERFORD DRIVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	VENICE FL			2.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	STEKEREE, JON			3.2 NAME			
STREET ADDRESS	309 PONCE DE LEON			3.3 STREET ADDRESS			
CITY-ST-ZIP	VENICE FL			3.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WILLIAMS, JOYCE			4.2 NAME			
STREET ADDRESS	3910 SIREN ROAD			4.3 STREET ADDRESS			
CITY-ST-ZIP	VENICE FL			4.4 CITY-ST-ZIP			
TITLE	MD	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LENTZ, KENNETH R REV.			5.2 NAME			
STREET ADDRESS	912 BECKLEY DRIVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	VENICE FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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 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 (Signature and typed or printed name of signing officer or director) DATE: 2-10-97 Daytime Phone #: 0064407

CFR2E037 (9/96)