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May 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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
4. FEI Number: 59-1351925
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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-sections for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: STEKETEE, JON R. 309 PONCE DE LEON VENICE FL 34285

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	STARNES, SHIRLEY	
STREET ADDRESS	1000 BECKLEY CIRCLE	
CITY-ST-ZIP	VENICE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GELLER, ELANOR	
STREET ADDRESS	PO BOX 1129	
CITY-ST-ZIP	VENICE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	STEKEREE, JON	
STREET ADDRESS	309 PONCE DE LEON	
CITY-ST-ZIP	VENICE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, JOYCE	
STREET ADDRESS	3910 SIREN ROAD	
CITY-ST-ZIP	VENICE FL	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	LENTZ, KENNETH R REV.	
STREET ADDRESS	912 BECKLEY DRIVE	
CITY-ST-ZIP	VENICE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WILLIAMS, JOYCE	
1.3 STREET ADDRESS	3910 SIREN ROAD	
1.4 CITY-ST-ZIP	VENICE, FL 34293	
2.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ELEANOR GELLER	
2.3 STREET ADDRESS	P.O. BOX 1129 NA	
2.4 CITY-ST-ZIP	VENICE, FL 34284	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SHIRLEY STARNER	
3.3 STREET ADDRESS	1000 BECKLEY CIRCLE	
3.4 CITY-ST-ZIP	VENICE, FL 34292	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GORDON SMITH	
4.3 STREET ADDRESS	522 MIRO CIRCLE	
4.4 CITY-ST-ZIP	NOKOMIS, FL 34275	
5.1 TITLE	MD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DR. PASTOR KENNETH LENTZ	
5.3 STREET ADDRESS	912 BECKLEY DRIVE	
5.4 CITY-ST-ZIP	VENICE, FL 34292	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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: SHIRLEY A. STARNES 3/25/98 (211) 488-1100

CR2E037 (10/97)