FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # 701894

1. Corporation Name

EMMANUEL LUTHERAN CHURCH, INC.

FILED Mar 08, 1999 8:00 am § Secretary of State

03-08-1999 90005 007 ****61.25

Principal Place of Business Mailing Address									
800 SOUTH TAMIAMI TRAIL VENICE FL 34285-3621		800 SOUTH TAMIAMI TRAIL VENICE FL 34285-3621							
						2. Data taxanapated or Qualiford			
— '	ace of Business	2a. Mailing Address				3. Date incorporated or Qualifed 01/09/1961			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			4. FEI Number		Apr	olied For
22	#, etc.	27				59-1351925			Applicable
City & State		City & State						\$8.75 A	dditional
23		28	28			5. Certificate of Status Desired	<u> </u>	Fee Re	quired
Zip	Country	Zip 30	Country			Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
24	25 29 30 9. Name and Address of Current Registered Agent		<u> </u>			10. Name and Address of New F	Registered A		0.000
	o. Italie and Addiess of Garia	n regional a rigoni	81	Name ₁		ıms, Joyce		_	
STEKETEE, JON R. 82				Stroot A	III	s (P.O. Box Number is Not Accepta	hie)		
STEKETEE, JON R. 309 PONCE DE LEON			02			iren Road			
VENICE FI		83						,	
74			84	City		·		85 Zip (pple ₂
				^c ity Ve n	100	,	<u>FL</u>		
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 a	m familiar with, and accept the obliga	ations of, Section 617.0503, Florid	a Statutes	<u> </u>		·/:. · ·	1/2/	laa	,
SIGNATURE	-5	. AIOTE P	agistered Ager	Pople		heh reinstating)	<u> </u>	171	
12.	Signature, typed or printed name of registered age	ND DIRECTORS	13.	r sigi g kula la	цилос и	ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TUPCE					☐ Change	Addition
NAME	WILLIAMS, JOYCE		1.2 NAME						
STREET ADDRESS	3910 SIREN ROAD		1.3 STREE	T ADDRESS					
CITY-ST-ZIP	VENICE FL 34293	M	1.4 CITY-S	T-ZIP				.,	
TITLE	VP -	Ø DELETE	2.1 TITLE		VP	ditte 10 amidian		7☐ Change	☐ Addition
NAME	GELLER, ELEANOR		2.2 NAME	1		gicting, (Gloiridian		-	
STREET ADDRESS	P O BOX 1129		2.3 STREE	ADDRESS	522	2 Miro Circle			
CITY-ST-ZIP	VENICE FL 34284			. 7 3.71 37 2.1		comis, F1 34275			- Addison
TITLE	TD	☐ DELETE 3.1 T						☐ Change	Addition
NAME	STARNER, SHIRLEY		3.2 NAME						\
STREET ADDRESS	1000 020.122. 011.022		1	TADDRESS					
C(TY-ST-ZIP	VENICE FL 34292	OT STATE	3.4. CITY-5	ST-ZIP	SD				Addition
TITLE	SD	⊠ DELETE	4.1 TITLE			ittaker, Joan		[X] Change	
NAME	SMITH, GORDON		4. 2 NAME			·			9
STREET ADDRESS			1	TADDRESS		5 Indus Road			
CITY-ST-ZIP	NOKOMIS FL 34275	☐ DELETE	4.4 CITY-S	T-ZIP	vе	<u>nice, Fl 34293</u>		☐ Change	Addition
TITLE	MD		5.1 TITLE 5.2 NAME					- orange	
NAME	LENTZ, DR PASTOR KENN		1	TADDRESS					
STREET ADDRESS	912 BECKLEY DRIVE		5.4 CITY-S						
CITY-ST-ZIP	VENICE FL 34292	DELETE	6.1 TITLE	. 211				☐ Change	Addition
TITLE			6.2 NAME	1					
NAME			l	TADORESS					
STREET ADDRESS			0.3 STREE	- ADDRESS					

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, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/99

Davtime Ph

R2E037 (11/98)