

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90026 033 ****61.25

DOCUMENT # 701894

1. Entity Name

EMMANUEL LUTHERAN CHURCH, INC.



Principal Place of Business

Mailing Address

800 SOUTH TAMiami TRAIL
 VENICE FL 34285-3621

800 SOUTH TAMiami TRAIL
 VENICE FL 34285-3621

A0031056



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1351925

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~SUTHERLIN, JO~~
~~1989 WHITE FEATHER LANE~~
~~NOKOMIS FL 34275~~

Name

Kenneth Simmons

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

860 Green Circle

City

Venice

FL

Zip Code
34285

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Kenneth Simmons

Kenneth Simmons Council President 2/8/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~PD~~
 NAME **WILLIAMS, JOYCE**
 STREET ADDRESS **1989 WHITE FEATHER LANE**
 CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE **PD**
 NAME **Kenneth Simmons** Change Addition
 STREET ADDRESS **860 Green Circle**
 CITY-ST-ZIP **Venice, FL 34285**

TITLE **VP**
 NAME **BOKENKAMP, HARRY** Delete
 STREET ADDRESS **2124 TIMUCUA TRAIL**
 CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE **VP**
 NAME **William Newman** Change Addition
 STREET ADDRESS **2089 Tocobaga La.**
 CITY-ST-ZIP **Nokomis, FL 34275**

TITLE **TD** Delete
 NAME **LINKE, JAMES**
 STREET ADDRESS **562 CLUBSIDE CIRCLE**
 CITY-ST-ZIP **VENICE FL 34293**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **HURLBURT, DOUG**
 STREET ADDRESS **1475 OVERBROOK ROAD**
 CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MD** Delete
 NAME **LENTZ, DR PASTOR KENN**
 STREET ADDRESS **912 BECKLEY DRIVE**
 CITY-ST-ZIP **VENICE FL 34292**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kenneth Simmons

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/11/01

Date

Daytime Phone #

CR2E037 (10/00)