2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 06, 2004 8:00 am Secretary of State

February 4, 2004

te Daysime Phone #

DOCUMENT # 701894 1. Entity Name EMMANUEL LUTHERAN CHURCH, INC.					02-06-200	4 90010 019 ***:	*61.25
800 SOUTH TAMIAMI TRAIL 800		Mailing Address 800 SOUTH TAMIAMI TI VENICE, FL 34285-36				- 	
2. Principal Place of Business 3. N		3. Mailing Address	. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02032004	Chg-NP	CR2E037 (10/03)	
City & State		City & State		4. FEI Number 59-13519		l N	pplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of	Status Desired	. □. \$8.75 Ad	lditional ed
	6. Name and Address of Currer	nt Registered Agent		7. Name and A	ddress of New R	egistered Agent	
KASKO, WILLIAM 437 TREMINGHAM WAY VENICE, FL 34293				Name Street Address (P.O. Box Number is Not Acceptable)			
			City		12 13 1	FL Zip Coo	de
	named entity submits this statement tions of registered agent.	for the purpose of changing its	registered office o	r registered agent, or both,	in the State of Flo	orida. I am familiar with	, and accept
CIONATURE							
SIGNATURE .	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE	: Registered Agent signat	ure required when reinstating)		DATE	
SIGNATURE.	Signature, typed or printed name of registered age Filling Fee is \$61.25 Due by May 1, 2004	· · · · · · · · · · · · · · · · · · ·	npaign Financing	\$5.00 May Be Added to Fees		Ake check payable to	
10.	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND D	9. Election Cam Trust Fund C	npaign Financing	\$5.00 May Be Added to Fees ADDITIONS/CHAN	Flor	ake check payable t	State
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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.

James Linke

Date

MANUS AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: