


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-06-2004 90010 019 ****61.25

DOCUMENT # 701894					
1. Entity 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		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 <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KASKO, WILLIAM 437 TREMINGHAM WAY VENICE, FL 34293			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KASKO, WILLIAM		NAME	David Waring	
STREET ADDRESS	437 TREMINGHAM WAY		STREET ADDRESS	572 Linden Rd	
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP	Venice, FL 34293-5634	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WARING, DAVID		NAME	Donald Amundsen	
STREET ADDRESS	2680 VALENCIA RD		STREET ADDRESS	112 Bayshore Rd	
CITY-ST-ZIP	VENICE, FL 342934434		CITY-ST-ZIP	Nokomis, FL 34275-1904	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINKE, JAMES		NAME	Sharlene Barnhart	
STREET ADDRESS	562 CLUBSIDE CIRCLE		STREET ADDRESS	228 Auburn Woods Circle	
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP	Venice, FL 34292-3087	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUSGER, LISA		NAME		
STREET ADDRESS	785 BRADENTON ROAD		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>James E. Linke</u>			February 4, 2004		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		