


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90197 026 \*\*\*\*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  
**790 S. Tamiami Trail**

3. Mailing Address  
**790 S. Tamiami Trail**

Suite, Apt. #, etc.

City & State  
**Venice, FL**

City & State  
**Venice, FL**

Zip  
**34285-3601**

Country  
**Sarasota**

Zip  
**34285-3601**

Country  
**Sarasota**

02132005 Chg-NP CR2E037 (10/03)

4. FEJ Number  
**59-1351925**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KASKO, WILLIAM  
 437 TREMINGHAM WAY  
 VENICE, FL 34293**

7. Name and Address of New Registered Agent

Name  
**Donald Amundsen**

Street Address (P.O. Box Number is Not Acceptable)  
**112 Bayshore Road**

City  
**Nokomis, FL 34275-1904**

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 Donald Amundsen 2-18-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

Make check payable to  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WARING, DAVID 572 LINDEN RD VENICE, FL 34293	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AMUNDSEN, DONALD 112 BAYSHORE RD. NOKOMIS, FL 34275	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LINKE, JAMES 562 CLUBSIDE CIRCLE VENICE, FL 34293	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARNHART, SHARLENE 228 AUBURN WOODS CIR VENICE, FL 34292	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Donald Amundsen 112 Bayshore Road Nokomis, FL 34275-1904	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Jane Hillwig 5823 Monroe Road Venice, FL 34293-6818	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Audrey Deanhardt 1435 Colony Place Venice, FL 34292-1544	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 information.

SIGNATURE: Donald Amundsen 2-18-05 941-488-6254

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #