

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.		Suite, Apt. #, etc.			
City & State Venice, FL		City & State Venice, FL		4. FEI Number 59-1351925	
Zip 34285-3601		Country Sarasota		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 34285-3601		Country Sarasota		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,		State 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 <u><i>Donald Amundsen</i></u> <u><i>2-18-05</i></u> <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, 2005		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 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	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 AMUNDSEN, DONALD 112 BAYSHORE RD. NOKOMIS, FL 34275	<input type="checkbox"/> Delete	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	TD LINKE, JAMES 562 CLUBSIDE CIRCLE VENICE, FL 34293	<input type="checkbox"/> Delete	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	SD BARNHART, SHARLENE 228 AUBURN WOODS CIR VENICE, FL 34292	<input type="checkbox"/> Delete	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	SD BARNHART, SHARLENE 228 AUBURN WOODS CIR VENICE, FL 34292	<input type="checkbox"/> Delete	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
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><i>Donald Amundsen</i></u> <u><i>2-18-05</i></u> <u><i>941-488-6254</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					