

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90166 045 ****61.25

DOCUMENT # 701894
 1. Entity Name
EMMANUEL LUTHERAN CHURCH, INC.



Principal Place of Business
 790 S TAMiami TrL
 VENICE, FL 34285-~~1621~~
 3601

Mailing Address
 790 S TAMiami TrL
 VENICE, FL 34285-~~1621~~
 3601

40059480



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03222007 Chg-NP CR2E037 (12/06)

4. FEI 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
 HELLWIG, JANE
 5823 MONROE RD
 VENICE, FL 34293-6218

7. Name and Address of New Registered Agent
 Name: **Joan Hofelich**
 Street Address (P.O. Box Number is Not Acceptable): **2126 Timucua Trl**
 City: **Nokomis**
 State: **FL** Zip Code: **34275-5306**

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

Filing Fee is \$61.25 Due by May 1, 2007

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	VP	<input checked="" type="checkbox"/> Delete
NAME	HOFELICH, JOAN	
STREET ADDRESS	2126 TIMUCUA	
CITY-ST-ZIP	NOKOMIS, FL 342755306	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HILLWIG, JANE	
STREET ADDRESS	5823 MONROE ROAD	
CITY-ST-ZIP	VENICE, FL 342936218	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MERSEREAU, JACK	
STREET ADDRESS	5131 TRINIDAD W	
CITY-ST-ZIP	VENICE, FL 342856350	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DEANHARDT, AUDREY	
STREET ADDRESS	1435 COLONY PLACE	
CITY-ST-ZIP	VENICE, FL 342921544	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joan Hofelich	
STREET ADDRESS	2126 Timucua Trl	
CITY-ST-ZIP	Nokomis, FL 34275-5306	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scott Pinkerton	
STREET ADDRESS	570 N. River Rd	
CITY-ST-ZIP	Venice, FL 34293-4708	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jack Mersereau	
STREET ADDRESS	931 Trinidad W	
CITY-ST-ZIP	Venice, FL 34285-6350	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dottie Stehl	
STREET ADDRESS	1307 Copperwood Dr	
CITY-ST-ZIP	Osprey, FL 34229-7807	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Jack Mersereau*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/3/07** Daytime Phone #: **941-488-4942**