

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 710773 (3)**

1. Corporation Name  
**IMMANUEL LUTHERAN CHURCH, INC.**



Principal Place of Business: **1449 34 STREET NORTH WEST WINTER HAVEN FL 33881-8903**  
Mailing Address: **1449 34 STREET NORTH WEST WINTER HAVEN FL 33881-8903**

3. Date Incorporated or Qualified: **04/22/1966**  
3a. Date of Last Report: **04/12/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number <b>59-6046582</b>	Applied For				
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required				
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees				
24	Zip	25	Country	29	Zip	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**9. Name and Address of Current Registered Agent**

**BELL, JAMES R.  
110 PERRY AVE.  
AUBURDALE, FL  
WINTER HAVEN FL 33823**

**10. Name and Address of New Registered Agent**

81 Name: **SCHALLER, MARK**  
82 Street Address (P.O. Box Number is Not Acceptable): **702 HEMENWAY DR. NE**  
83 **WINTER HAVEN,**  
84 City: **W** FL 85 Zip Code: **33881**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **1/26/96**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ISSITT, BILL SR.</b>	1.2 NAME	
STREET ADDRESS	<b>2390 LAKEVIEW W</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HAINES CITY FL</b>	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEIS, PAUL</b>	2.2 NAME	
STREET ADDRESS	<b>803 15 ST SW</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	2.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BELL, JAMES R</b>	3.2 NAME	<b>SCHALLER, MARK</b>
STREET ADDRESS	<b>110 PERRY AVE.</b>	3.3 STREET ADDRESS	<b>702 HEMENWAY DR. NE</b>
CITY-ST-ZIP	<b>AUBURDALE FL</b>	3.4 CITY-ST-ZIP	<b>WINTER HAVEN, FL 33881</b>
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KUEHNE, RICHARD C.</b>	4.2 NAME	
STREET ADDRESS	<b>3189 AVE. M, N.W.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REAM, DARRIN</b>	5.2 NAME	
STREET ADDRESS	<b>124 GRADY POLK RD SW</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	5.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JAEHNIGEN, ROLF</b>	6.2 NAME	
STREET ADDRESS	<b>1314 28 ST NW</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **MARK SCHALLER** DATE: **1/26/96** (941)533-3398 #103  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)