

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.26).

FILED  
 Aug 11 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/22/1966</b>	3a. Date of Last Report <b>02/01/1996</b>
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21. Principal Place of Business 22. Suite, Apt. #, etc. 23. City & State 24. Zip	2a. Mailing Address 27. Suite, Apt. #, etc. 28. City & State 29. Zip	25. Country	30. Country
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4. FEI Number <b>59-6046582</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SCHALLER, MARK**  
**702 HEMENWAY DRIVE NE**  
~~AUBURNDALE, FL~~  
**WINTER HAVEN FL 33881**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City <b>Winter Haven</b>	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>ISSITT, BILL SR.</b>
STREET ADDRESS	<b>2390 LAKEVIEW W</b>
CITY-ST-ZIP	<b>HAINES CITY FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>WEIS, PAUL</b>
STREET ADDRESS	<b>803 15 ST SW</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>SCHALLER, MARK</b>
STREET ADDRESS	<b>702 HEMENWAY DRIVE NE</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>KUEHNE, RICHARD C.</b>
STREET ADDRESS	<b>3189 AVE. M, N.W.</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>REAM, DARRIN</b>
STREET ADDRESS	<b>124 GRADY POLK RD SW</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>JAEHNIGEN, ROLF</b>
STREET ADDRESS	<b>1314 28 ST NW</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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 REQUIRED BY SCHALLER, MARK (491) 522-2222

CR2E037 (4/97)