

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

**FILED**  
**May 11 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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 <b>1449 34 STREET NORTH WEST WINTER HAVEN FL 33881-8903</b>	Mailing Address <b>1449 34 STREET NORTH WEST WINTER HAVEN FL 33881-8903</b>
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<b>21</b> 2. Principal Place of Business	<b>26</b> 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
Zip	Zip
<b>24</b> Country	<b>30</b> Country

**3.** Date Incorporated or Qualified  
**04/22/1966**

**4.** FEI Number  
**59-6046582**

Applied For	
Not Applicable	

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

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

**7.** Is this nonprofit corporation a homeowners association?  
 Yes  No

**8.** This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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

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

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

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

**FL**

**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 checked="" 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 checked="" 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>JAENINGEN, 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	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>JIM BELL</b>
1.3 STREET ADDRESS	<b>110 PERRY AVE</b>
1.4 CITY - ST - ZIP	<b>AUBURNDALE FL 33823</b>
2.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>DAVID HOLMES</b>
2.3 STREET ADDRESS	<b>281 LAKE HOWARD DR SW</b>
2.4 CITY - ST - ZIP	<b>WINTER HAVEN FL 33880</b>
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 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: \_\_\_\_\_ **4/28/98** **(941) 533-3398 x103**

CR2E037 (10/97)