


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 710773**  
 1. Entity 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

**DO NOT WRITE IN THIS SPACE**



01082004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-6046582	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

5. Name and Address of Current Registered Agent  
 SHEFFIELD, MIKE  
 1449 34TH ST NW  
 WINTER HAVEN, FL 33881

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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, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JIM BELL
STREET ADDRESS	905 N CROOKED LAKE RD
CITY - ST - ZIP	BABSON PARK, FL 33827
TITLE	V
NAME	HOLMES, DAVID
STREET ADDRESS	221 LAKE HOWARD DRIVE, SW
CITY - ST - ZIP	WINTER HAVEN, FL 33880
TITLE	T
NAME	SHEFFIELD, MIKE
STREET ADDRESS	215 CANAL ST
CITY - ST - ZIP	AUBURNDALE, FL 33823
TITLE	D
NAME	SHOAF, JERRY
STREET ADDRESS	9033 WOODVIEW DR
CITY - ST - ZIP	POLK CITY, FL 33868
TITLE	S
NAME	GRIFFIN, RAY
STREET ADDRESS	4336 SHADOW WOOD WAY
CITY - ST - ZIP	WINTER HAVEN, FL 33880
TITLE	D
NAME	JAEHNIGEN, ROLF
STREET ADDRESS	900 HOWARD TERRACE NW
CITY - ST - ZIP	WINTER HAVEN, FL 33881

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 02/02/04-80104-019 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 empowerments.

SIGNATURE: *Mike Sheffield*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_