


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90051 032 ****61.25

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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-6046582	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHEFFIELD, MIKE 1449 34TH ST NW WINTER HAVEN, FL 33881			Name-		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code
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 _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIM BELL		NAME	David Holmes	
STREET ADDRESS	905 N CROOKED LAKE RD		STREET ADDRESS	321 Lake Howard Dr	
CITY-ST-ZIP	BABSON PARK, FL 33827		CITY-ST-ZIP	Winter Haven FL 33827	
TITLE	V	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMES, DAVID		NAME	Rolf Jaehnigen	
STREET ADDRESS	221 LAKE HOWARD DRIVE, SW		STREET ADDRESS	900 Howard Terrace NW	
CITY-ST-ZIP	WINTER HAVEN, FL 33880		CITY-ST-ZIP	Winter Haven FL 33881	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEFFIELD, MIKE		NAME		
STREET ADDRESS	215 CANAL ST		STREET ADDRESS		
CITY-ST-ZIP	AUBURNDALE, FL 33823		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOAF, JERRY		NAME		
STREET ADDRESS	9033 WOODVIEW DR		STREET ADDRESS		
CITY-ST-ZIP	POLK CITY, FL 33868		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUEHNE, JOHN		NAME		
STREET ADDRESS	744 BURST AVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32828		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAEHNIGEN, ROLF		NAME	Jim Bell	
STREET ADDRESS	900 HOWARD TERRACE NW		STREET ADDRESS	905 N Crooked Lake Rd	
CITY-ST-ZIP	WINTER HAVEN, FL 33881		CITY-ST-ZIP	Babson Park FL 33827	
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: <i>[Signature]</i>			Date: 1-21-06		Daytime Phone #: 863-912-3506
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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