

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 08, 2007
Secretary of State**

DOCUMENT# 710773

Entity Name: IMMANUEL LUTHERAN CHURCH, INC.

Current Principal Place of Business:

1449 34 STREET NORTH WEST
WINTER HAVEN, FL 338818903

New Principal Place of Business:

Current Mailing Address:

1449 34 STREET NORTH WEST
WINTER HAVEN, FL 338818903

New Mailing Address:

FEI Number: 59-6046582 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEFFIELD, MIKE
1449 34TH ST NW
WINTER HAVEN, FL 33881 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOLMES, DAVID
Address: 221 LAKE HOWARD DR
City-St-Zip: BABSON PARK, FL 33827

Title: V () Delete
Name: JAEHNIGEN, ROLF
Address: 900 HOWARD TERR NW
City-St-Zip: WINTER HAVEN, FL 33881

Title: T () Delete
Name: SHEFFIELD, MIKE
Address: 215 CANAL ST
City-St-Zip: AUBURNDALE, FL 33823

Title: D () Delete
Name: SHOAF, JERRY
Address: 9033 WOODVIEW DR
City-St-Zip: POLK CITY, FL 33868

Title: S () Delete
Name: KUEHNE, JOHN
Address: 744 BURST AVE
City-St-Zip: ORLANDO, FL 32828

Title: D () Delete
Name: BELL, JIM
Address: 905 CRACKED LAKE RD
City-St-Zip: BABSON PARK, FL 33827

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: REAM, DARRIN
Address: 4303 SHADOW WOOD
City-St-Zip: WINTER HAVEN, FL 33880

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE SHEFFIELD

Electronic Signature of Signing Officer or Director

T

01/08/2007

Date