


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 710773</b> 1. Entity Name IMMANUEL LUTHERAN CHURCH, INC.	
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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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01052008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-6046582	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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

**10: OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLMES, DAVID 221 LAKE HOWARD DR BABSON PARK, FL 33827
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JAEHNIGEN, ROLF 900 HOWARD TERR NW WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHEFFIELD, MIKE 215 CANAL ST AUBURNDALE, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHOAF, JERRY 9033 WOODVIEW DR POLK CITY, FL 33868
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KUEHNE, JOHN 744 BURST AVE ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REAM, DARRIN 4303 SHADOW WOOD WINTER HAVEN, FL 33880

U00000781649  
 01/15/08-80045-001 61.25

**DO NOT WRITE IN THIS SPACE**

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: *X M-I S/H/K*

Jan. 10, 2008 (865) 412-3506