

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 710804	
1. Entity Name IMMANUEL EVANGELICAL LUTHERAN CHURCH OF THE UPPER KEYS, INC.	

Principal Place of Business 108 OCEAN DRIVE TAVERNIER, FL 33070	Mailing Address P.O. BOX 1139 TAVERNIER, FL 33070
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02012006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1273777	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROSEMAN, RICHARD Y. 108 OCEAN DRIVE TAVERNIER, FL 33070

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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, 2006	9. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees	000000423451 02/18/06-80008-014 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRUMP, THOMAS 20 MANGROVE LANE KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TRUMP, YOLANDA S 20 MANGROVE LANE KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VIERGUTZ, TAMMY 179 CASA CT TAVERNIER, FL 33070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DOWTY, RICHARD 189 BAYVIEW DR KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Tammy Viergutz* *Tammy Viergutz* *2/2/06* *305*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #