

2-3-95 B-869 MC  
**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
 ANNUAL REPORT  
 1995**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Matham  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

05 FEB -2 PM 1:39

**DOCUMENT # 747200 (4)**  
 1. Corporation Name  
**IMMANUEL LUTHERAN CHURCH OF NEW PORT RICHEY, INC**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
 8410 SYCAMORE DR 8410 SYCAMORE DR  
 NEW PORT RICHEY FL 34654 NEW PORT RICHEY FL 34654

3. Date Incorporated or Qualified <b>05/16/1979</b>	3a. Date of Last Report <b>06/15/1994</b>
4. FEI Number <b>59-2256367</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75 Supplemental Fee Not Required</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 25
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent  
**NADEAU, FRANK**  
**7816 SEQUOIA DR**  
**NEW PORT RICHEY FL 34653-9128**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>BARTLETT, RICHARD</b>
STREET ADDRESS	<b>7912 CAYUGA DR.</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>
TITLE	<b>VD</b>
NAME	<b>SLOTTJE, ALETHA</b>
STREET ADDRESS	<b>6620 SILVERBELL DR.</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>
TITLE	<b>SD</b>
NAME	<b>MATTOX, BARBARA</b>
STREET ADDRESS	<b>10140 HIGHCREST LANE</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>
TITLE	<b>TD</b>
NAME	<b>NADEAU, FRANK</b>
STREET ADDRESS	<b>7808 SEQUOIA DR</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

I declare that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further declare that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath or under the penalty of perjury. I am the officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name or Block 13 if changed, or on an attachment with an address.

*Frank Nadeau*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 2-1-95 (813) 845-4403  
 Date Time/Phone