

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Sep 23 1998 8:00am
 Secretary of State

001153

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **747200** (4)
 1. Corporation Name
IMMANUEL LUTHERAN CHURCH OF NEW PORT RICHEY, INC



Principal Place of Business 8410 SYCAMORE DR NEW PORT RICHEY FL 34654	Mailing Address 8410 SYCAMORE DR NEW PORT RICHEY FL 34654
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3. Date Incorporated or Qualified 05/16/1979	
4. FEI Number 59-2256367	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
25. Country	30. Country

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 VERONICA VALIENTE	
82. Street Address (P.O. Box Number is Not Acceptable) 8946 STERLING LANE	
83. City Port Richey,	
84. State FL	85. Zip Code 34668

11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Veronica Valiente **TREASURER** DATE **8-30-98**

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

12. OFFICERS AND DIRECTORS

TITLE PD	NAME BARTLETT, RICHARD	<input type="checkbox"/> DELETE
STREET ADDRESS 7912 CAYUGA DR.	CITY-ST-ZIP NEW PORT RICHEY FL	
TITLE VD	NAME SLOTTJE, ALETHA	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 6620 SILVERBELL DR.	CITY-ST-ZIP NEW PORT RICHEY FL	
TITLE SD	NAME MATTOX, BARBARA	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 10140 HIGHCREST LANE	CITY-ST-ZIP NEW PORT RICHEY FL	
TITLE TD	NAME NADEAU, FRANK	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 7806 SEQUOIA DR	CITY-ST-ZIP NEW PORT RICHEY FL	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
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 VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME John Logston	
2.3 STREET ADDRESS 8410 Sycamore Dr	
2.4 CITY-ST-ZIP New Port Richey, FL 34654	
3.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Moschella, Joyce	
3.3 STREET ADDRESS 8545 Whitespring Dr.	
3.4 CITY-ST-ZIP New Port Richey, FL 34655	
4.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME Valiente, Veronica	
4.3 STREET ADDRESS 8946 STERLING LANE	
4.4 CITY-ST-ZIP Port Richey, FL 34668	
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	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 118.07(3)(l), Florida Statutes. I further certify 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; 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Veronica Valiente **Veronica Valiente** DATE **8-30-98** DAYTIME PHONE # **727-845-4714**

Signature and typed or printed name of signing officer or director

CR2E037 (5/98)