2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#765143

FILED Feb 18, 2009 Secretary of State

Entity Name: EMMANUEL EVANGELICAL LUTHERAN CHURCH OF NAPLES, INC.

Current Principal Place of Business: New Principal Place of Business:

777 MOORING LINE DRIVE NAPLES, FL 34102

Current Mailing Address: New Mailing Address:

777 MOORING LINE DRIVE NAPLES, FL 34102

FEI Number: 59-1377616 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GROTH, ROBERT W 5425 PARK CENTRAL CT. NAPLES, FL 34109 US

OFFICERS AND DIRECTORS:

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

Electionic Signature of Registered A

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: P () Delete Title: P (X) Change () Addition

 Name:
 KERR, GERALD
 Name:
 LOHRUM, FRED

 Address:
 1743 VENEZIA WAY
 Address:
 686 LISMORE LANE

 City-St-Zip:
 NAPLES, FL 34115
 City-St-Zip:
 NAPLES, FL 34108

 $\label{eq:total_title} \mbox{Title:} \qquad \mbox{V} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{V} \qquad \mbox{(X) Change () Addition}$

Name: SANDER, ROBERT Name: SMITH, DAVID

 Address:
 3015 GOLFSIDE DRIVE
 Address:
 6552 RIDGEWOOD DR.

 City-St-Zip:
 NAPLES, FL 34110
 City-St-Zip:
 NAPLES, FL 34108

Title: T () Delete Title: () Change () Addition

 Name:
 PAGEL, ROBERT
 Name:

 Address:
 15260 CEDARWOOD LANE A-102
 Address:

 City-St-Zip:
 NAPLES, FL 34110
 City-St-Zip:

Title: S () Delete Title: S (X) Change () Addition

 Name:
 PIERSON, BARBARA
 Name:
 SHEA, VIVIAN

 Address:
 2194 MIRAMONTE WAY
 Address:
 9909 CLEAR LAKE CIRCLE

Address: 2194 MIRAMONTE WAY Address: 9909 CLEAR LAKE CIRC City-St-Zip: NAPLES, FL 34105 City-St-Zip: NAPLES, FL 34109

I hereby certify that the information supplied with this filing does not qualify 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: FRED LOHRUM P 02/18/2009