

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -2 PM 4:27

DOCUMENT # **770141** (0)  
1. Corporation Name  
**IMMANUEL LUTHERAN CHURCH OF PENSACOLA, INC.**

Principal Place of Business Mailing Address  
**24 WEST WRIGHT STREET PENSACOLA FL 32501**      **24 WEST WRIGHT STREET PENSACOLA FL 32501**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 25 **P O Box 12912**  
22 City & State 27 Suite, Apt. #, etc.  
23 City & State 28 **PENSACOLA FL**  
24 Zip 25 Country 29 Zip **32576** 30 Country

3. Date Incorporated or Qualified **10/30/1969** 3a. Date of Last Report **03/24/1994**  
4. FEI Number **59-0799908** Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes  Yes  No

8. Name and Address of Current Registered Agent  
**SCHULZ, VICTOR P**  
**1212 EAST LAKEVIEW ST.**  
**PENSACOLA FL 32503**

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 registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	REINHARDT, DAVID
STREET ADDRESS	820 N. BARCELONA ST.
CITY - ST - ZIP	PENSACOLA FL
TITLE	VD
NAME	DEAN, ROBERT
STREET ADDRESS	4060 ROMMITCH LANE
CITY - ST - ZIP	PENSACOLA FL
TITLE	SD
NAME	LOWESCH, MABLE
STREET ADDRESS	2140 E SCOTT ST
CITY - ST - ZIP	PENSACOLA FL
TITLE	TD
NAME	SCHEIBE, DONALD
STREET ADDRESS	2875 BELLE CHRISTIANE CIR.
CITY - ST - ZIP	PENSACOLA FL
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	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SANDLIN, EARL
1.3 STREET ADDRESS	10394 OLD DAIRY LN.
1.4 CITY - ST - ZIP	PENSACOLA FL 32534
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BIHARY SR, WILLIAM
2.3 STREET ADDRESS	4225 CAPRI DR.
2.4 CITY - ST - ZIP	PENSACOLA FL 32504
3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LOESCH, MABEL
3.3 STREET ADDRESS	2140 E. SCOTT ST.
3.4 CITY - ST - ZIP	PENSACOLA FL 32503
4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	HOFFMANN, FRANCES B.
4.3 STREET ADDRESS	200 SILVERTHORN RD.
4.4 CITY - ST - ZIP	GULF BREEZE FL 32561
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 do hereby certify 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 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Frances B. Hoffmann* FRANCES B. HOFFMANN 1/24/95 (904) 932-8868  
Signature and Type in Printed Name of Signing Officer or Director Date (Type in Year)