

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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



Principal Place of Business: **24 WEST WRIGHT STREET PENSACOLA FL 32501**
Mailing Address: **PO BOX 12912 PENSACOLA FL 32576 US**

3. Date Incorporated or Qualified: **10/30/1969**
3a. Date of Last Report: **02/02/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-0799908	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Country	29. Country			
25. Country	30. Country			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
SCHULZ, VICTOR P 1212 EAST LAKEVIEW ST. PENSACOLA FL 32503		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 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: _____ (NOTE: Registered Agent signature required when reinstating.) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	11 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDLIN, EARL	12 NAME	BIHARY SR, WILLIAM
STREET ADDRESS	10394 OLD DAIRY LANE	13 STREET ADDRESS	4225 CAPRI DR
CITY-ST-ZIP	PENSACOLA FL	14 CITY-ST-ZIP	PENSACOLA FL 32504
TITLE	VD <input type="checkbox"/> DELETE	21 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIHARY SR, WILLIAM	22 NAME	REINHARDT, DAVID
STREET ADDRESS	4225 CAPRI DR.	23 STREET ADDRESS	820 N BARCELONA ST
CITY-ST-ZIP	PENSACOLA FL	24 CITY-ST-ZIP	PENSACOLA FL 32501
TITLE	SD <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOESCH, MABEL	32 NAME	
STREET ADDRESS	2140 E. SCOTT ST.	33 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	34 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMANN, FRANCES B.	42 NAME	
STREET ADDRESS	200 SILVERTHORN RD.	43 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL	44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 119.07(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 617, 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** 1/24/96 (904) 932-8868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)