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Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 32576-2912, US

3. Date Incorporated or Qualified: 10/30/1969
3a. Date of Last Report: 01/29/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields. 4. FEI Number: 59-0799908. 5. Certificate of Status Desired: \$8.75 Additional Fee Required. 6. Election Campaign Financing: \$5.00 May Be Added to Fees. 6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes [], No [X]

9. 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 (81-85): REINHARDT, DAVID, 2309 GREENBRIAR BLVD, PENSACOLA FL 32514

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: *David Reinhardt* DATE: 1/21/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: BIHARY SR., WILLIAM	1.1 TITLE: PD	1.2 NAME: REINHARDT, DAVID
STREET ADDRESS: 4225 CAPRI DR.	CITY-ST-ZIP: PENSACOLA FL	1.3 STREET ADDRESS: 2309 GREENBRIAR BLVD	1.4 CITY-ST-ZIP: PENSACOLA FL 32514-5612
TITLE: VD	NAME: REINHARDT, DAVID	2.1 TITLE: VD	2.2 NAME: DIXON, ERNEST
STREET ADDRESS: 820 N. BARCELONA ST.	CITY-ST-ZIP: PENSACOLA FL	2.3 STREET ADDRESS: 2493 BROOKWOOD PLACE	2.4 CITY-ST-ZIP: CANTONMENT FL 32533
TITLE: SD	NAME: LOESCH, MABEL	3.1 TITLE:	3.2 NAME:
STREET ADDRESS: 2140 E. SCOTT ST.	CITY-ST-ZIP: PENSACOLA FL	3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:
TITLE: TD	NAME: HOFFMANN, FRANCES B.	4.1 TITLE:	4.2 NAME:
STREET ADDRESS: 200 SILVERTHORN RD.	CITY-ST-ZIP: GULF BREEZE FL	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
TITLE:	NAME:	5.1 TITLE:	5.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
TITLE:	NAME:	6.1 TITLE:	6.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* DATE: 1/21/97 (904) 438-8138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0074919

CR2E037 (9/96)