


FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 06 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 10/30/1969	Applied For
4. FEI Number 59-0799908	Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
REINHARDT, DAVID
2309 GREENBRIAR BLVD.
PENSACOLA FL 32514

10. Name and Address of New Registered Agent
 81 Name **HUSTON, GARY**
 82 Street Address (P.O. Box Number is Not Acceptable)
1182 OLD TRAIL
 83
 84 City **GULF BREEZE** **FL** 85 Zip Code **32561-5536**

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 *Gary W. Huston* **GARY HUSTON, PD** **1/23/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	REINHARDT, DAVID
STREET ADDRESS	2309 GREENBRIAR BLVD.
CITY-ST-ZIP	PENSACOLA FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	DIXON, ERNEST
STREET ADDRESS	2493 BROOKWOOD PLACE
CITY-ST-ZIP	CANTONMENT FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	LOESCH, MABEL
STREET ADDRESS	2140 E. SCOTT ST.
CITY-ST-ZIP	PENSACOLA FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	HOFFMANN, FRANCES B.
STREET ADDRESS	200 SILVERTHORN RD.
CITY-ST-ZIP	GULF BREEZE FL
TITLE	<input type="checkbox"/> DELETE
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	HUSTON, GARY
1.3 STREET ADDRESS	1182 OLD TRAIL
1.4 CITY-ST-ZIP	GULF BREEZE FL 32561-5536
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SCOTT, DAVID
3.3 STREET ADDRESS	1449 PLAYERS CLUB CIRCLE
3.4 CITY-ST-ZIP	GULF BREEZE FL 32561-3533
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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* **FRANCES B. HOFFMANN** **1/23/98** **(850)438-8138**

CF2E037 (10/97)