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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 770141

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/30/1969

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-0799908

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUSTON, GARY
 1182 OLD TRAIL
 GULF BREEZE FL 32561

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD
 HUSTON, GARY
 1182 OLD TRAIL
 GULF BREEZE FL 32561

DELETE

1.1 TITLE

Change Addition

NAME

HUSTON, GARY

1.2 NAME

STREET ADDRESS

1182 OLD TRAIL

1.3 STREET ADDRESS

CITY-ST-ZIP

GULF BREEZE FL 32561

1.4 CITY-ST-ZIP

TITLE

VD
 DIXON, ERNEST
 2493 BROOKWOOD PLACE
 CANTONMENT FL

DELETE

2.1 TITLE

Change Addition

NAME

DIXON, ERNEST

2.2 NAME

STREET ADDRESS

2493 BROOKWOOD PLACE

2.3 STREET ADDRESS

CITY-ST-ZIP

CANTONMENT FL

2.4 CITY-ST-ZIP

Change Addition

TITLE

SD
 SCOTT, DAVID
 1449 PLAYERS CLUB CIRCLE
 GULF BREEZE FL 32561

DELETE

3.1 TITLE

Change Addition

NAME

SCOTT, DAVID

3.2 NAME

STREET ADDRESS

1449 PLAYERS CLUB CIRCLE

3.3 STREET ADDRESS

CITY-ST-ZIP

GULF BREEZE FL 32561

3.4 CITY-ST-ZIP

TITLE

TD
 HOFFMANN, FRANCES B.
 200 SILVERTHORN RD.
 GULF BREEZE FL

DELETE

4.1 TITLE

Change Addition

NAME

HOFFMANN, FRANCES B.

4.2 NAME

STREET ADDRESS

200 SILVERTHORN RD.

4.3 STREET ADDRESS

CITY-ST-ZIP

GULF BREEZE FL

4.4 CITY-ST-ZIP

Change Addition

TITLE

DELETE

5.1 TITLE

Change Addition

NAME

DELETE

5.2 NAME

STREET ADDRESS

DELETE

5.3 STREET ADDRESS

CITY-ST-ZIP

DELETE

5.4 CITY-ST-ZIP

Change Addition

TITLE

DELETE

6.1 TITLE

Change Addition

NAME

DELETE

6.2 NAME

STREET ADDRESS

DELETE

6.3 STREET ADDRESS

CITY-ST-ZIP

DELETE

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, with all other like empowered.

SIGNATURE:

Frances B. Hoffmann
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/99

Date

(850) 438-8138

Daytime Phone #

CR2E037 (1/198)