

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 770141**

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-0799908**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUSTON, GARY**  
1182 OLD TRAIL  
GULF BREEZE FL 32561

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
NAME **PD HUSTON, GARY**  
STREET ADDRESS **1182 OLD TRAIL**  
CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **VD DIXON, ERNEST**  
STREET ADDRESS **2493 BROOKWOOD PLACE**  
CITY-ST-ZIP **CANTONMENT FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **SD SCOTT, DAVID**  
STREET ADDRESS **1449 PLAYERS CLUB CIRCLE**  
CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE  Change  Addition  
NAME **THORSEN, LEXIE**  
STREET ADDRESS **1113 SUSSEX LANE**  
CITY-ST-ZIP **PENSACOLA FL 32514-9713**

TITLE  Delete  
NAME **TD HOFFMANN, FRANCES B.**  
STREET ADDRESS **200 SILVERTHORN RD.**  
CITY-ST-ZIP **GULF BREEZE FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Frances B. Hoffmann* **FRANCES B. HOFFMANN** TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/00

Date

(850) 438-8138

Daytime Phone #

CR2E037 (9/99)