

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90334 013 ****61.25

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
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P O BOX 12912

Suite, Apt. #, etc.

City & State

PENSACOLA FL

Zip

32591

Country

US

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**After September 13, 2002,
 min. will be \$236.25.**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	HUSTON, GARY	
STREET ADDRESS	1182 OLD TRAIL	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	SD	<input type="checkbox"/> Delete
NAME	THORSEN, LEXIE	
STREET ADDRESS	1113 SUSSEX LANE	
CITY-ST-ZIP	PENSACOLA FL 32514-9713	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HOFFMANN, FRANCES B.	
STREET ADDRESS	200 SILVERTHORN RD.	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	REINHARDT, DAVID	
STREET ADDRESS	2309 GREENBRIAR BLVD	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 7/22/02 (850) 438-8138

CR2E037 (4/02)