

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770141

FILED  
Feb 06, 2005  
Secretary of State

Entity Name: IMMANUEL LUTHERAN CHURCH OF PENSACOLA, INC.

**Current Principal Place of Business:**

24 WEST WRIGHT STREET  
PENSACOLA, FL 32501

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 12912  
PENSACOLA, FL 32951 US

**New Mailing Address:**

PO BOX 12912  
PENSACOLA, FL 32591 US

FEI Number: 59-0799908

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILSON, CARY  
2501 SOUTHERN OAKS DR.  
CANTONMENT, FL 325333817 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WILSON, CARY  
Address: 2501 SOUTHERN OAKS DR.  
City-St-Zip: CANTONMENT, FL 325333817

Title: SD ( ) Delete  
Name: THORSEN, LEXIE  
Address: 1113 SUSSEX LANE  
City-St-Zip: PENSACOLA, FL 325149713

Title: TD ( ) Delete  
Name: HOFFMANN, FRANCES B.  
Address: 200 SILVERTHORN RD.  
City-St-Zip: GULF BREEZE, FL

Title: VD ( ) Delete  
Name: MIKESICH, GEORGE  
Address: 5970 SHIMMERING PINES ST.  
City-St-Zip: PACE, FL 32571

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: DUNCAN, EDWARD  
Address: 4805 SCHAAG RD  
City-St-Zip: MOLINO, FL 325775319

Title: VD (X) Change ( ) Addition  
Name: WILLIAM, MITCHELL  
Address: 5295 FLAX RD  
City-St-Zip: PENSACOLA, FL 325048427

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARY WILSON

PD

02/06/2005

Electronic Signature of Signing Officer or Director

Date