

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90076 039 ****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 32591
US**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State

4. FEI Number **59-0799908**
Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**WILSON, CARY
2501 SOUTHERN OAKS DR.
CANTONMENT FL 32533-3817**

7. Name and Address of New Registered Agent
Name **DUNCAN, EDWARD**
Street Address (P.O. Box Number is Not Acceptable)
4805 SCHAAG RD
City **Molino** FL Zip Code **32577-5319**

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 Edward Duncan **TREASUROR** **1-23-06**
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
Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILSON, CARY 2501 SOUTHERN OAKS DR. CANTONMENT FL 32533-3817	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THORSEN, LEXIE 1113 SUSSEX LANE PENSACOLA FL 32514-9713	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DUNCAN, EDWARD 4805 SCHAAG RD MOLINO FL 32577-5319	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAM, MITCHELL 5295 FLAX RD PENSACOLA FL 32504-8427	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERSHBERGER, EARL 1588 OAK SHORE DR GULF BREEZE FL 32563-2930	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THORSEN, Ted JR 1608 KAIKAWA CT GULF BREEZE FL 32563-2763	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Edward Duncan **EDWARD DUNCAN** **1-23-06** **850-438-8138**