

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2007 08:00 AM**  
**Secretary of State**



**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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE CR2E037 (10/06)

4. FEI Number

**59-0799908**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUNCAN, EDWARD  
4805 SCHAAG RD  
MOLINO FL 32577-531**

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

*Edward Duncan*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/5/2007**

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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: PD  Delete  
NAME: HERSHBERGER, EARL  
STREET ADDRESS: 1528 OAK SHORE DR  
CITY- ST- ZIP: GULF BREEZE FL 32563-2930

TITLE:  Change  Addition  
NAME: **U00000628717**  
STREET ADDRESS: **02/16/07-80028-005 61.25**  
CITY- ST- ZIP:

TITLE: SD  Delete  
NAME: THORSEN, LEXIE  
STREET ADDRESS: 1113 SUSSEX LANE  
CITY- ST- ZIP: PENSACOLA FL 32514-9713

TITLE:  Change  Addition  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

TITLE: TD  Delete  
NAME: DUNCAN, EDWARD  
STREET ADDRESS: 4805 SCHAAG RD  
CITY- ST- ZIP: MOLINO FL 32577-5319

TITLE:  Change  Addition  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

TITLE: VD  Delete  
NAME: THORSEN, TED JR  
STREET ADDRESS: 1608 KALAKAU CT  
CITY- ST- ZIP: GULF BREEZE FL 32563-2763

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 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 2/5/07 8504388138**