


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 08:00 AM
Secretary of State

DOCUMENT # 770141

1. Entity Name
IMMANUEL LUTHERAN CHURCH OF PENSACOLA, INC.



Principal Place of Business Mailing Address

24 WEST WRIGHT STREET **PO BOX 12912**
PENSACOLA, FL 32501 **PENSACOLA, FL 32591 US**

DO NOT WRITE IN THIS SPACE



01112008 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For
59-0799908 Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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** **TREASURER** **1/14/08**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

Filing Fee is \$61.25
Due by May 1, 2008

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

U00000786262
01/17/08-80033-017 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERSHBERGER, EARL 1528 OAK SHORE DR GULF BREEZE, FL 325632930
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THORSEN, LEXIE 1113 SUSSEX LANE PENSACOLA, FL 325149713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DUNCAN, EDWARD 4805 SCHAAG RD MOLINO, FL 325775319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THORSEN, TED JR 1608 KALAKAU CT GULF BREEZE, FL 325632763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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** **1/14/08** **860-438-8138**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #