

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770141

FILED
May 05, 2009
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 32591 US

New Mailing Address:

FEI Number: 59-0799908 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DUNCAN, EDWARD
4805 SCHAAG RD
MOLINO, FL 32577531 US

Name and Address of New Registered Agent:

DUNCAN, EDWARD L TREASUR
4805 SCHAAG RD
MOLINO, FL 32577531 US

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: EDWARD DUNCAN

05/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HERSHBERGER, EARL
Address: 1528 OAK SHORE DR
City-St-Zip: GULF BREEZE, FL 325632930

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

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

Title: VD () Delete
Name: THORSEN, TED JR
Address: 1608 KALAKAU CT
City-St-Zip: GULF BREEZE, FL 325632763

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: THORSEN, TED
Address: 1608 KALAKAU CT
City-St-Zip: GULF BREEZE, FL 325632763

Title: SD (X) Change () Addition
Name: FORTUNA, JONATHAN
Address: 4191 CIUDAD DR
City-St-Zip: PENSACOLA, FL 325047644

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

Title: VD (X) Change () Addition
Name: HAYES, FRANK
Address: 2026 BLUE SKY DR
City-St-Zip: PENSACOLA, FL 325066067

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: EDWARD DUNCAN

TRES

05/05/2009

Electronic Signature of Signing Officer or Director

Date