

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90100 025 ****61.25

DOCUMENT # N26318

1. Entity Name
IMMANUEL LUTHERAN CHURCH OF PALM CITY, INC.



Principal Place of Business
**2655 SW IMMANUEL DRIVE
PALM CITY, FL 34990**

Mailing Address
**2655 SW IMMANUEL DRIVE
PALM CITY, FL 34990**

50057426



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07192005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0034719

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

7. Name and Address of New Registered Agent

**COOMBS, EDWIN L SR
577 NE MARANTA TERRADO
JENSEN BEACH, FL 34957**

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

Edwin L. Coombs
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/19/05
DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

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 **COOMBS, EDWIN L SR**
STREET ADDRESS **577 NE MARANTA TERRADO**
CITY-ST-ZIP **JENSEN BEACH, FL 349576610**

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

TITLE **VPD** ☒ Delete
NAME **ASHBY, BEN**
STREET ADDRESS **1857 SW BRADFORD PLACE**
CITY-ST-ZIP **PALM CITY, FL 34990**

TITLE ☒ Change ☒ Addition
NAME **V.P. RAYMER RICK**
STREET ADDRESS **1213 S.W. 34TH ST.**
CITY-ST-ZIP **PALM CITY, FL 34990**

TITLE **TD** ☐ Delete
NAME **SANZ, ANTHONY M**
STREET ADDRESS **4824 SW BERMUDA WAY**
CITY-ST-ZIP **PALM CITY, FL 34990**

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

TITLE **D** ☐ Delete
NAME **HARTLEY, THOMAS**
STREET ADDRESS **3501 SW ILESWORTH CIR**
CITY-ST-ZIP **PALM CITY, FL 34990**

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

TITLE **SD** ☒ Delete
NAME **ANDERSON, THERESA**
STREET ADDRESS **291 SE EDGEWOOD DR.**
CITY-ST-ZIP **STUART, FL 349964708**

TITLE ☒ Change ☐ Addition
NAME **Kim SHKUM**
STREET ADDRESS **1023 SW 35TH ST**
CITY-ST-ZIP **PALM CITY, FL 34990**

TITLE **D** ☐ Delete
NAME **DOLLHAUSEN, MATTHEW**
STREET ADDRESS **2014 SW OLYMPIC TERRACE**
CITY-ST-ZIP **PALM CITY, FL 34990**

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 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 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:

Edwin L. Coombs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/05 *772-287-8188*
Date Daytime Phone #