


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

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
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01122006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0034719	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent COOMBS, EDWIN L SR 577 NE MARANTA TERRADO JENSEN BEACH, FL 34957
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IN THIS SPACE**

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* *1/12/06*
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COOMBS, EDWIN L SR 577 NE MARANTA TERRADO JENSEN BEACH, FL 349576610
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RAYMER, RIK 133 SW 34TH ST PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SANZ, ANTHONY M 4824 SW BERMUDA WAY PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARTLEY, THOMAS 3501 SW ILESWORTH CIR PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SHRUM, KIM 1028 SW 35TH ST PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DOLLHAUSEN, MATTHEW 2014 SW OLYMPIC TERRACE PALM CITY, FL 34990

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01/30/06-80022-008 61.25

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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: *Edwin L Coombs* *1/12/06* *772-475-3750*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone