

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26318

FILED
Mar 20, 2008
Secretary of State

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

Current Principal Place of Business:

2655 SW IMMANUEL DRIVE
PALM CITY, FL 34990

New Principal Place of Business:

2655 SW IMMANUEL DRIVE
PALM CITY, FL 34990 27

Current Mailing Address:

2655 SW IMMANUEL DRIVE
PALM CITY, FL 34990

New Mailing Address:

FEI Number: 65-0034719 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COOMBS, EDWIN L SR
Address: 577 NE MARANTA TERRADO
City-St-Zip: JENSEN BEACH, FL 349576610

Title: VP () Delete
Name: LINDSTROM, JOHN
Address: 2616 SW BEAR PAW TRAIL
City-St-Zip: PALM CITY, FL 34990

Title: TD () Delete
Name: SANZ, ANTHONY M
Address: 4824 SW BERMUDA WAY
City-St-Zip: PALM CITY, FL 34990

Title: D () Delete
Name: HARTLEY, THOMAS
Address: 3501 SW ILESWORTH CIR
City-St-Zip: PALM CITY, FL 34990

Title: SD () Delete
Name: SHRUM, KIM
Address: 1028 SW 35TH ST
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: AGER, JIM
Address: 2297 GOLDEN BEAR WAY
City-St-Zip: PALM CITY, FL 34990

Title: TD (X) Change () Addition
Name: WINSLOW, GARY
Address: 6531 SE FEDERAL HWY K-105
City-St-Zip: STUART, FL 34957

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

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

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: ALPHENIA SHINE

ADM

03/20/2008

Electronic Signature of Signing Officer or Director

Date