

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 24 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N93000003846 (3)**

1. Corporation Name

**EMMANUEL LUTHERAN CHURCH ENDOWMENT FOUNDATION, I
NC.**



| | |
|---|---|
| Principal Place of Business 777 MOORING LINE DR NAPLES FL 33940 | Mailing Address 479 PALO VERDE DR NAPLES FL 34119-1804 US |
|---|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 08/23/1993 | 3a. Date of Last Report 05/01/1996 |
|--|--|

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|---|----------------------------------|--|--|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 4. FEI Number 65-0429939 | Applied For <input type="checkbox"/> Not Applicable |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| City & State 23 | City & State 28 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| Zip 24 | Country 25 | Zip 29 | Country 30 |

| |
|---|
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|

9. Name and Address of Current Registered Agent

**GROTH, ROBERT W
1044 CASTELLO DR #101
NAPLES FL 33940**

10. Name and Address of New Registered Agent

| |
|--|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City FL 85 Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---------------------------------|---|---|
| TITLE D | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME FIELD, ROGER | | 1.2 NAME | |
| STREET ADDRESS 479 PALO VERDE DR | | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP NAPLES FL | | 1.4 CITY - ST - ZIP | |
| TITLE D | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME LANGE, MARIAN | | 2.2 NAME | |
| STREET ADDRESS 6060 PELICAN BAY BLVD B-102 | | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP NAPLES FL 33963 | | 2.4 CITY - ST - ZIP | |
| TITLE D | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME GROTH, ROBERT | | 3.2 NAME | |
| STREET ADDRESS 274 MONTEREY DR | | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP NAPLES FL 33999 | | 3.4 CITY - ST - ZIP | |
| TITLE D | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME SPOONER, MORT | | 4.2 NAME | |
| STREET ADDRESS 20534 GREEN TREE CT | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP ESTERO FL 33928-2024 | | 4.4 CITY - ST - ZIP | |
| TITLE D | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME FIELD, DONNA | | 5.2 NAME | |
| STREET ADDRESS 479 PALO VERDE DR | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP NAPLES FL | | 5.4 CITY - ST - ZIP | |
| TITLE D | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME SPOONER, NELSINE | | 6.2 NAME | |
| STREET ADDRESS 20534 GREEN TREE CT | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP ESTERO FL 33928-2024 | | 6.4 CITY - ST - ZIP | |

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Roger A. Field* **3/19/97** **941-356-9764**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0080241

CR2E037 (9/96)