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Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

Mailing Address

**777 MOORING LINE DR
NAPLES FL 33940**

**479 PALO VERDE DR
NAPLES FL 33999
US**



3. Date Incorporated or Qualified

08/23/1993

4. FEI Number

65-0429939

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FIELD, ROGER	
STREET ADDRESS	479 PALO VERDE DR	
CITY-ST-ZIP	NAPLES FL 34119	

TITLE	D	<input type="checkbox"/> DELETE
NAME	LANGE, MARIAN	
STREET ADDRESS	6060 PELICAN BAY BLVD B-102	
CITY-ST-ZIP	NAPLES FL 33963 34105	

TITLE	D	<input type="checkbox"/> DELETE
NAME	GROTH, ROBERT	
STREET ADDRESS	274 MONTEREY DR	
CITY-ST-ZIP	NAPLES FL 33999 34119	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SPOONER, MORT	
STREET ADDRESS	20534 GREEN TREE CT	
CITY-ST-ZIP	ESTERO FL 33928-2024	

TITLE	D	<input type="checkbox"/> DELETE
NAME	FIELD, DONNA	
STREET ADDRESS	479 PALO VERDE DR	
CITY-ST-ZIP	NAPLES FL 34119	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SPOONER, NELSINE	
STREET ADDRESS	20534 GREEN TREE CT	
CITY-ST-ZIP	ESTERO FL 33928-2024	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WESLEY LANGE	
1.3 STREET ADDRESS	6060 PELICAN BAY BLVD - B-102	
1.4 CITY-ST-ZIP	NAPLES FL 33963 34105	

2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JAMES McLaughlin	
2.3 STREET ADDRESS	7528 SAN MIGUEL WAY	
2.4 CITY-ST-ZIP	NAPLES FL 34109	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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 on an attachment with an address.

SIGNATURE:

Roger W. Field

4/9/98

(941) 252-9764

CR2E037 (10/97)