


FILE NOW: FILING FEE IS \$61.25

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Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90020 036 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N93000003846					
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 33999 US		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 08/23/1993	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0429939	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 25		Country 29	
Country 30		Country 30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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					
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 34108				
TITLE	D <input type="checkbox"/> DELETE				
NAME	GROTH, ROBERT				
STREET ADDRESS	274 MONTEREY DR				
CITY-ST-ZIP	NAPLES FL 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 <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
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					

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE REQUIRED ROGER D. FIELD

Date

Daytime Phone #

4/14/99 (941) 362-9764

CR2E037 (11/98)