1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N93000003846

1. Corporation Name

## EMMANUEL LUTHERAN CHURCH ENDOWMENT FOUNDATION, I

Principal Place of Business

Mailing Address

777 MOORING LINE DR NAPLES FL 33940

479 PALO VERDE DR NAPLES FL 33999

Apr 19, 1999 8:00 am Secretary of State

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

| - | LENDO ILEN DIBLO ENL LEDI |
|---|---------------------------|

| 2. Principal P | lace of Business   | 2a. Mailing Address                            |                  |   | 3. Date Incorporated or Qualifer        | t              | _  |             |  |  |
|----------------|--|--|------------------|---|---|----------------|--|-------------|--|--|
| 21             |  | 26   |                  |   | 08/23/1993                              |                |  |             |  |  |
| Suite, Apt.    | #, etc   | Suite, Apt. #, etc.                            | <del>-</del> / - |   | 4. FEI Number                           | 1              | <u></u>                                      | lied For ~~ |  |  |
| 22             |  | [27]   |                  |   | 65-0429939                              |                |  | Applicable  |  |  |
| City & Stat    | e  | City & State                                   |                  |   | 5. Certifcate of Status Desired         |                | <b>\$8.75</b> A<br>Fee Red                   |             |  |  |
| Zip            | Country  | Zip  | Countr           | v   | 6. Election Campaign Financing          |                | \$5.00                                       | Mav Be      |  |  |
| ····           | 25   | 29   | 30               | •   | Trust Fund Contribution                 | <b>'</b> 🗆     | Added to                                     | •           |  |  |
| 24             | 9. Name and Address of Currer  |  | 130              |   | 10. Name and Address of New             | Registered     | Agent  |             |  |  |
|                | 3. Maile and Adoress of Conte  | it Registered Agent                            | 8                | 1 Name  |   |                |  |             |  |  |
| _              | LEADING LABORATE   |  | Ĺ                | 1   |   |                |  |             |  |  |
| Groth, F       | ROBERT W   |  | 8                | 82 Street Address (P.O. Box Number is Not Acceptable) |   |                |  |             |  |  |
| 1044 CAS       | TELLO DR #101  |  | 8                |   |   |                |  | <del></del> |  |  |
| NAPLES F       | L 33940  |  | 18               | 3)  |   |                |  |             |  |  |
|                | 1.3 6 7 4.7 731.7  |  | 8                | 4 City  |   |                | 85 Zip C                                     | ode         |  |  |
|                | BUS MESHS  |  |                  | 1   |   | <u>FL</u>      | <u>-                                    </u> |             |  |  |
| 11. Pursuant   | to the provisions of Sections 617.050  | )2 and 617.1508, Florida Statu                 | tes, the abo     | ve-named corp   | poration submits this statement for the | e purpose of   | changing its                                 | registered  |  |  |
| affina ar r    | to the provisions of Sections 617.050 egistered agent, or both, in the State in familiar with, and accept the obliga | of Florida, Such change was a                  | alithorized D    | v me comonau  | on's board of directors. I hereby acc   | apt trie appoi | munem as reg                                 | hizraian    |  |  |
| agent. i a     | m ramiliar with, and accept the obliga   | more of Section of 7.0000, 1 ic                | Jilda Otatute    |   |   |                |  |             |  |  |
| SIGNATURE      | Signature, typed or printed name of registered age   | nt and title if applicable (NOTI               | F: Registered Ad | ent signature require                                 | ed when reinstating)                    | DATE           |  |             |  |  |
| 12.            |  | ND DIRECTORS                                   | 13.              | care seguente require                                 | ADDITIONS/CHANGES TO C                  | FFICERS AN     | VD DIRECTO                                   | RS IN 12    |  |  |
|                | D !  | DELETE   | 1.1 TITLE        |   |   |                | ☐ Change                                     | Additio     |  |  |
| TITLE          | γ =  | <b>—</b> • • • • • • • • • • • • • • • • • • • | 1.2 NAME         | \<br>\  |   |                |  |             |  |  |
| NAME           | FIELD, ROGER   |  |                  | ET ADDRESS  |   |                |  |             |  |  |
| STREET ADORESS | 479 PALO VERDE DR  |  | 1.4 CITY-        |   |   |                |  |             |  |  |
| CITY-ST-ZIP    | NAPLES FL 34119  | DELETE   | 2.1 TITLE        |   |   |                | ☐ Change                                     | ☐ Addition  |  |  |
| TITLE          | D \  | CT Deceive                                     | 2.2 NAME         |   |   |                | •  |             |  |  |
| NAME           | LANGE, MARIAN  | ·•   |                  |   |   |                |  |             |  |  |
| STREET ADDRESS |  | 12,  |                  | ET ADDRESS  | ~ <sub>5</sub> ,                        | · · ·          | ~~ ~~  |             |  |  |
| CITY-ST-ZIP    | NAPLES FL 34108  |  | 2. 4 CITY        |   |   |                | Change                                       | Additio     |  |  |
| TITLE          | D ·  | ☐ DELETE                                       | 3.1 TITLE        |   |   |                | □ cuange                                     |             |  |  |
| NAME           | Groth, Robert  |  | 3.2 NAME         |   |   |                |  |             |  |  |
| STREET ADDRESS | 274 MONTEREY DR  |  | 3.3 STRE         | ET ADDRESS  |   |                |  |             |  |  |
| CITY-ST-ZIP    | NAPLES FL 34119  |  | 3.4. CITY        | -ST-ZIP   |   |                |  |             |  |  |
| TITLE          | D  | DELETE   | 4.1 TTTLE        | ; ]   |   |                | ☐ Change                                     | Additio     |  |  |
| NAME           | SPOONER, MORT  |  | 4. 2 NAM         | E   |   |                |  |             |  |  |
| STREET ADDRESS |  |  | 4.3 STRE         | ET ADDRESS  |   |                |  |             |  |  |
| CITY-ST-ZIP    | ESTERO FL 33928-2024   |  | 4.4 CITY         | ·ST-ZIP   |   |                |  |             |  |  |
| TITLE          | D  | ☐ DELETE                                       | 5.1 TITLE        |   |   |                | Change                                       | ☐ Additio   |  |  |
| NAME           | FIELD. DONNA   |  | 5.2 NAME         | <b>.</b>  |   |                |  |             |  |  |
|                | 479 PALO VERDE DR  |  | 5.3 STRE         | ET ADDRESS  |   |                |  |             |  |  |
|                | ]  |  | 5.4 CITY         |   |   |                |  |             |  |  |
| CITY-ST-ZIP    | NAPLES FL 34119  | □ DELETE                                       | 6.1 TITLE        |   |   |                | Change                                       | Additio     |  |  |
| TITLE TO S     | Dypek.   | ☐ ncreic                                       | 6.2 NAM          | ]   |   |                | ☐ aaa.                                       |             |  |  |
| I NAME         | SPOONER, NELSINE   |  |                  | - I   |   |                |  |             |  |  |
| STREET ADDRESS | 20524 COEEN TOFF CT  |  | 6.3 STRE         | ETADDRESS   |   |                |  |             |  |  |

CITY-ST-ZIP ESTERO FL 33928-2024 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 composation 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 enlanged, or pn an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: