

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90011 012 ****61.25

DOCUMENT # N93000003846

1. Entity 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 34119-1804
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0429939

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **D**
 NAME: **FIELD, ROGER**
 STREET ADDRESS: **479 PALO VERDE DR**
 CITY-ST-ZIP: **NAPLES FL 34119**

Delete

TITLE: **D**
 NAME: **JAMES McLaughlin**
 STREET ADDRESS: **7528 SAN MIGUEL WAY**
 CITY-ST-ZIP: **NAPLES FL 34109**

Change Addition

TITLE: **D**
 NAME: **LANGE, MARIAN**
 STREET ADDRESS: **6060 PELICAN BAY BLVD B-102**
 CITY-ST-ZIP: **NAPLES FL 34108**

Delete

TITLE: **D**
 NAME: **JANE McLaughlin**
 STREET ADDRESS: **7528 SAN MIGUEL WAY**
 CITY-ST-ZIP: **NAPLES FL 34109**

Change Addition

TITLE: **D**
 NAME: **GROTH, ROBERT**
 STREET ADDRESS: **274 MONTEREY DR**
 CITY-ST-ZIP: **NAPLES FL 34119**

Delete

TITLE: **D**
 NAME: **WESLEY LANGE**
 STREET ADDRESS: **6060 PELICAN BAY BLVD - B102**
 CITY-ST-ZIP: **NAPLES FL 34108**

Change Addition

TITLE: **D**
 NAME: **SPOONER, MORT**
 STREET ADDRESS: **20534 GREEN TREE CT**
 CITY-ST-ZIP: **ESTERO FL 33928-2024**

Delete

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

TITLE: **D**
 NAME: **FIELD, DONNA**
 STREET ADDRESS: **479 PALO VERDE DR**
 CITY-ST-ZIP: **NAPLES FL 34119**

Delete

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

TITLE: **D**
 NAME: **SPOONER, NELSINE**
 STREET ADDRESS: **20534 GREEN TREE CT**
 CITY-ST-ZIP: **ESTERO FL 33928-2024**

Delete

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ROGER D. FIELD, TREASURER 3/14/00 (941) 352-9764

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)