

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90099 004 ****61.25

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1. Entity Name

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



Principal Place of Business

**777 MOORING LINE DR
NAPLES FL 34102**

Mailing Address

**479 PALO VERDE DR
NAPLES FL 34119
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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GROTH, ROBERT W.

1041 CASTELLO DR #101

NAPLES FL 33940

**5425 PARK CENTRAL CT
34109**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DT** ☐ Delete
NAME **FIELD, ROGER**
STREET ADDRESS **479 PALO VERDE DR**
CITY-ST-ZIP **NAPLES FL 34119**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **H. G FISHER**
STREET ADDRESS **4672 OSSABAW WAY**
CITY-ST-ZIP **NAPLES FL 34119**

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

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **WESLEY LANGE**
STREET ADDRESS **6060 PELICAN BAY BLVD B-102**
CITY-ST-ZIP **NAPLES FL 34108**

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

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **THOMAS ROET**
STREET ADDRESS **5091 CARRONER DR**
CITY-ST-ZIP **NAPLES, FL 34112**

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

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

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

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

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

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

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: **SIGNATURE REQUIRED**

3/26/03

(239) 352-9764

CR2E037 (10/02)