FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:54

DOCUMENT # 701798 (1)

1. Corporation Name

HOLY TRINITY LUTHERAN CHURCH OF FORT WALTON BEAC H, FLORIDA, INC.

Principal Place of Business	Mailing Address
363 MIRACLE STRIP PKWY SW FT WALTON BEACH FL 32548	363 MIRACLE STRIP PKWY SW FT WALTON BEACH FL 32548

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/16/1960
3a. Date of Last Report: 05/01/1994
4. FEI Number: 70-1798560 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / County (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / County (30)

9. Name and Address of Current Registered Agent

GENA, LINDA
13 HOLMES BLVD
FT. WALTON BEACH FL 32548

10. Name and Address of New Registered Agent

81 Name: Gena Cole
82 Street Address (P.O. Box Number is Not Acceptable): 618 Gap Creek Drive #20
83
84 City: Ft. Walton Bch FL 85 Zip Code: 32548

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Gena Cole — DATE: 4/30/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	(P) ☐ Change ☐ Addition
NAME	LINDHORST, DEB	12 NAME	Deb Lindhorst
STREET ADDRESS	345 CHRIE CT	13 STREET ADDRESS	345 Chrie Ct.
CITY-ST-ZIP	FT WALTON BEACH FL	14 CITY-ST-ZIP	Ft. Walton Beach, FL 32548
TITLE	TD	21 TITLE	Gena Cole (D) ☒ Change ☐ Addition
NAME	LIND, GENA	22 NAME	
STREET ADDRESS	13 HOMES BLVD	23 STREET ADDRESS	618 Gap Creek Drive #20
CITY-ST-ZIP	FT. WALTON BEACH FL	24 CITY-ST-ZIP	Ft. Walton Bch, FL 32548
TITLE	S	31 TITLE	William Cast (D) ☒ Change ☐ Addition
NAME	LIND, VIRGINIA	32 NAME	
STREET ADDRESS	13 HOLMES BLVD N.W.	33 STREET ADDRESS	308 Pine Moss Dr
CITY-ST-ZIP	FT. WALTON BEACH FL	34 CITY-ST-ZIP	Ft. Walton Bch, FL 32548
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	REMOVED

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Gena Cole — 4/30/95 — 904-243-0788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0021499