FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: 12/16/1960

3a. Date of Last Report: 05/01/1995

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

COLE, GENA
618 GAP CRTEEK DR
STE 20
FT WALTON EBAHC FL 32548

10. Name and Address of New Registered Agent

81 Name: Gourlie, Philip
82 Street Address (P.O. Box Number is Not Acceptable): 281 Dawn Lane
83
84 City: Mary Esther, FL 85 Zip Code: 32569

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: P.J. Gourlie P.J. GOURLIE 2-29-96
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12 OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☒ DELETE	1.1 TITLE	Congregation President D ☒ Change ☐ Addition
NAME	LINDHORST, DEB	1.2 NAME	Evie Habel
STREET ADDRESS	345 CHRIE CT	1.3 STREET ADDRESS	15 Windemere Court
CITY-ST-ZIP	FT WALTON BEACH FL	1.4 CITY-ST-ZIP	Ft. Walton Beach, FL 32548
TITLE	D ☒ DELETE	2.1 TITLE	Treasurer D ☒ Change ☐ Addition
NAME	COLE, GENA	2.2 NAME	Philip Gourlie
STREET ADDRESS	618 GAP CREEK DR STE 20	2.3 STREET ADDRESS	281 Dawn Lane
CITY-ST-ZIP	FT. WALTON BEACH FL	2.4 CITY-ST-ZIP	Mary Esther, FL 32569
TITLE	D ☒ DELETE	3.1 TITLE	Greg Hollingshead D ☒ Change ☐ Addition
NAME	CAST, WILLIAM	3.2 NAME	
STREET ADDRESS	308 PINE MOSS DR	3.3 STREET ADDRESS	4 Mayo
CITY-ST-ZIP	FT. WALTON BEACH FL	3.4 CITY-ST-ZIP	Hurlburt Field, FL 32544
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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)(k), 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: P.J. Gourlie P.J. GOURLIE 2-29-96 904-664-7526
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #