

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **701798** (1)
1. Corporation Name

HOLY TRINITY LUTHERAN CHURCH OF FORT WALTON BEACH, FLORIDA, INC.

Principal Place of Business 363 MIRACLE STRIP PKWY SW FT WALTON BEACH FL 32548	Mailing Address 363 MIRACLE STRIP PKWY SW FT WALTON BEACH FL 32548
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3. Date Incorporated or Qualified

12/16/1960

4. FEI Number

70-1798560

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOURLIE, PHILIP
281 DAWN LN
MARY ESTHER FL 32560**

81 Name
Clapp, Wanda

82 Street Address (P.O. Box Number is Not Acceptable)
1434 Hickory Avenue

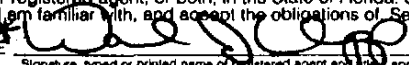
83

84 City
Niceville,

FL

85 Zip Code
32578

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 

4/21/98

Signature typed or printed name of registered agent and used applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	☒ DELETE
NAME	HOLLINGSEAD, GREG	
STREET ADDRESS	4 MAYO	
CITY - ST - ZIP	HULBURT FIELD FL	

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	Rathke, Louan	
1.3 STREET ADDRESS	320 Harbor Place SW	
1.4 CITY - ST - ZIP	Fort Walton Beach, FL 32548	

TITLE	TD	☒ DELETE
NAME	GOURLIE, PHILIP	
STREET ADDRESS	281 DAWN LN	
CITY - ST - ZIP	MARY ESTHER FL 32560	

2.1 TITLE	TD	☒ Change ☐ Addition
2.2 NAME	Clapp, Wanda	
2.3 STREET ADDRESS	1434 Hickory Avenue	
2.4 CITY - ST - ZIP	Niceville, FL 32578	

TITLE	D	☒ DELETE
NAME	HOLLINGSEAD, GREG	
STREET ADDRESS	4 MAYO	
CITY - ST - ZIP	HULBURT FIELD FL 32544	

3.1 TITLE		☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		

TITLE	VD	☒ DELETE
NAME	GOURLIE, MARY	
STREET ADDRESS	281 DAWN LANE	
CITY - ST - ZIP	MARY ESTHER FL	

4.1 TITLE	VD	☒ Change ☐ Addition
4.2 NAME	Wade, Phyllis	
4.3 STREET ADDRESS	210 Pelham Road, #114B	
4.4 CITY - ST - ZIP	Fort Walton Beach, FL 32547	

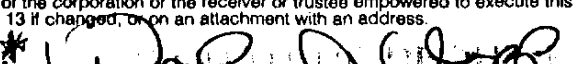
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 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: 

4/21/98 850-729-2419

CR2E037 (1097)