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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

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

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. 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

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

GOURLIE, PHILIP
281 DAWN LN
MARY ESTHER FL 32569

10. Name and Address of New Registered Agent

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: [signature] 4/21/98
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	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	HOLLINGSEAD, GREG		1.2 NAME	Rathke, Louan	
STREET ADDRESS	4 MAYO		1.3 STREET ADDRESS	320 Harbor Place SW	
CITY-ST-ZIP	HULBURT FIELD FL		1.4 CITY-ST-ZIP	Fort Walton Beach, FL 32548	
TITLE	TD	☒ DELETE	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	GOURLIE, PHILIP		2.2 NAME	Clapp, Wanda	
STREET ADDRESS	281 DAWN LN		2.3 STREET ADDRESS	1434 Hickory Avenue	
CITY-ST-ZIP	MARY ESTHER FL 32569		2.4 CITY-ST-ZIP	Niceville, FL 32578	
TITLE	D	☒ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	HOLLINGSEAD, GREG		3.2 NAME		
STREET ADDRESS	4 MAYO		3.3 STREET ADDRESS		
CITY-ST-ZIP	HURLBURT FIELD FL 32544		3.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	GOURLIE, MARY		4.2 NAME	Wade, Phyllis	
STREET ADDRESS	281 DAWN LANE		4.3 STREET ADDRESS	210 Pelham Road, #114B	
CITY-ST-ZIP	MARY ESTHER FL		4.4 CITY-ST-ZIP	Fort Walton Beach, FL 32547	
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		

CR2E037 (10/97)

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: [signature] 4/21/98 850-729-2419
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON SIGNING (OFFICER OR DIRECTOR) Date Daytime Phone #