

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90091 001 ****61.25

DOCUMENT # 701798

1. Entity Name

HOLY TRINITY LUTHERAN CHURCH OF FORT WALTON BEAC

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 32548-5210

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
70-1798560

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RATHKE, LOUAN
320 HARBOR PL SW
FT WALTON BEACH FL 32548

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEI IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME RATHKE, LOUAN
STREET ADDRESS 320 HARBOR PL SW
CITY-ST-ZIP FT. WALTON BEACH FL 32548

TITLE TD ☒ Delete
NAME ARTHUR, CATHY
STREET ADDRESS 1003 CREEL ST
CITY-ST-ZIP FT WALTON BEACH FL 32547

TITLE VD ☐ Delete
NAME WADE, PHYLLIS
STREET ADDRESS 210 PELHAM RD #114B
CITY-ST-ZIP FT. WALTON BEACH FL 32547

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Change ☒ Addition
NAME KATHRYN K. ELMORE
STREET ADDRESS 375 BROOKWOOD BLVD
CITY-ST-ZIP MARY ESTHER, FL 32569

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 413 E NORDIC
CITY-ST-ZIP FT. WALTON BEACH, FL 32548

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

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

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-00 (850) 2430788
Date Daytime Phone #