

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 701798**

1. Entity 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**



01062004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1378320**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**EUBANKS, PAUL  
420 SULLIVAN ST. N.W.  
FORT WALTON BEACH, FL 32548**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
EUBANKS, PAUL  
420 SULLIVAN ST. N.W.  
FORT WALTON BEACH, FL 32548**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
TORRES, MICHELLE  
561 WEEPING WILLOW LN.  
NAVARRE, FL 32566**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
ELMORE, KATHRYN K  
375 BROOKWOOD BLVD  
MARY ESTHER, FL 32569**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
FOELLER, JOHN  
104 GRAHAM CT. W.  
FORT WALTON BEACH, FL 32548**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1100000040948  
02/09/04-80067-016 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Paul Eubanks*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-2-04*

Date

Daytime Phone #