


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 13, 2006 8:00 am**  
**Secretary of State**

07-13-2006 90022 006 \*\*\*\*61.25

|  |                             |   |   |   |  |
|--|-----------------------------|---|---|---|--|
| <b>DOCUMENT # 701798</b><br>1. Entity Name<br>HOLY TRINITY LUTHERAN CHURCH OF FORT WALTON BEACH, FLORIDA, INC.   |                             |   |   |    |  |
| Principal Place of Business<br>363 MIRACLE STRIP PKWY SW<br>FT WALTON BEACH, FL 32548  |                             |   | Mailing Address<br>363 MIRACLE STRIP PKWY SW<br>FT WALTON BEACH, FL 32548 |   |  |
| 2. Principal Place of Business   |                             | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.  |                             | Suite, Apt. #, etc.   |   |   |  |
| City & State   |                             | City & State  |   |   |  |
| Zip  | Country                     | Zip   | Country   |   |  |
| 6. Name and Address of Current Registered Agent  |                             |   |   | 7. Name and Address of New Registered Agent   |  |
| LINDHORST, MICHAEL D<br>345 CHERIE CT<br>FORT WALTON BEACH, FL 32548   |                             |   |   | Name <u>PAUL EUBANKS</u><br>Street Address (P.O. Box Number is Not Acceptable) <u>420 SULLIVAN ST NW</u><br>City <u>FT. WALTON BEACH FL</u> Zip Code <u>32548</u> |  |
| 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 <u>Paul Eubanks</u>  |                             | PAUL EUBANKS  |   | July 8, 2006  |  |
| Signature, typed or printed name of registered agent and title if applicable.  |                             | (NOTE: Registered Agent signature required when reinstating)                        |   | DATE  |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by September 6, 2006</b>  |                             | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be</b><br><b>Added to Fees</b>  |  |
| <b>Make check payable to</b><br><b>Florida Department of State</b>   |                             |   |   |   |  |
| 10. OFFICERS AND DIRECTORS   |                             |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                     |   |  |
| TITLE  | PD                          | <input checked="" type="checkbox"/> Delete  | TITLE   | PD  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME   | LINDHORST, MICHAEL          |   | NAME  | PAUL EUBANKS  |  |
| STREET ADDRESS   | 345 CHERIE CT               |   | STREET ADDRESS  | 420 SULLIVAN ST. NW   |  |
| CITY-ST-ZIP  | FORT WALTON BEACH, FL 32548 |   | CITY-ST-ZIP   | FT. WALTON BEACH, FL 32548  |  |
| TITLE  | SD                          | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME   | WADE, PHYLLIS J             |   | NAME  |   |  |
| STREET ADDRESS   | 22 WRIGHT PKWY SW # H       |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  | FORT WALTON BEACH, FL 32548 |   | CITY-ST-ZIP   |   |  |
| TITLE  | TD                          | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME   | ELMORE, KATHRYN K           |   | NAME  |   |  |
| STREET ADDRESS   | 375 BROOKWOOD BLVD          |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  | MARY ESTHER, FL 32569       |   | CITY-ST-ZIP   |   |  |
| TITLE  | VD                          | <input checked="" type="checkbox"/> Delete  | TITLE   | VD  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME   | FOELLER, JOHN               |   | NAME  | MARY GOURLIE  |  |
| STREET ADDRESS   | 104 GRAHAM CT. W.           |   | STREET ADDRESS  | 281 DAWN LN   |  |
| CITY-ST-ZIP  | FORT WALTON BEACH, FL 32548 |   | CITY-ST-ZIP   | MARY ESTHER, FL 32569   |  |
| TITLE  |                             | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME   |                             |   | NAME  |   |  |
| STREET ADDRESS   |                             |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  |                             |   | CITY-ST-ZIP   |   |  |
| TITLE  |                             | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME   |                             |   | NAME  |   |  |
| STREET ADDRESS   |                             |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  |                             |   | CITY-ST-ZIP   |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Paul Eubanks</u>   |                             | PAUL EUBANKS  |   | July 8, 2006  |  |
| Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                             | Date  |   | Daytime Phone # <u>850-243-4409</u>   |  |

50022495



07022006 Chg-NP CR2E037 (4/06)

4. FEI Number 59-1378320 Applied For Not Applicable

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

SIGNATURE Paul Eubanks PAUL EUBANKS July 8, 2006

**Filing Fee is \$61.25**  
**Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be**  
**Added to Fees**

**Make check payable to**  
**Florida Department of State**

## 10. OFFICERS AND DIRECTORS

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| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Delete            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                            |  |
|----------------|----------------------------|--|
| TITLE          | PD                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | PAUL EUBANKS               |  |
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| CITY-ST-ZIP    | FT. WALTON BEACH, FL 32548 |  |
| TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |
| TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
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| CITY-ST-ZIP    |                            |  |
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| STREET ADDRESS |                            |  |
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| TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                            |  |
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| CITY-ST-ZIP    |                            |  |

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SIGNATURE: Paul Eubanks PAUL EUBANKS July 8, 2006 850-243-4409

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #