


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90011 022 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01032007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1378320	
5. Certificate of Status Desired <input type="checkbox"/>		\$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			7. Name and Address of New Registered Agent Name <u>RATHKE LOUAN</u> Street Address (P.O. Box Number is Not Acceptable) <u>320 HARBOR PLACE S.W.</u> City <u>FORT WALTON BEACH</u> FL <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>Louan B. Rathke</u> <u>Louan B. Rathke</u> <u>1-21-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EUBANKS, PAUL 420 SULLIVAN ST N.W. FORT WALTON BEACH, FL 32548	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RATHKE LOUAN 320 HARBOR PLACE SW FORT WALTON BEACH, FL 32548	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WADE, PHYLLIS J 22 WRIGHT PKWY SW # H FORT WALTON BEACH, FL 32548	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BILLIE CHAPPELL 102 BERGER PLACE FORT WALTON BCH, FL 32548	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ELMORE, KATHRYN K 375 BROOKWOOD BLVD MARY ESTHER, FL 32569	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARSH SNYDER 114 HUDSON DR NW FORT WALTON BCH, FL 32548	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOURLIE, MARY 281 DAWN LN MARY ESTHER, FL 32569	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARSH SNYDER 114 HUDSON DR NW FORT WALTON BCH, FL 32548	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARSH SNYDER 114 HUDSON DR NW FORT WALTON BCH, FL 32548	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARSH SNYDER 114 HUDSON DR NW FORT WALTON BCH, FL 32548	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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>Louan B. Rathke</u> <u>Louan B. Rathke</u> <u>1-21-07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					