

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 8:00 am
Secretary of State

01-18-2008 90005 047 ****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

Zip

Country

Zip

Country

01032008 Chg-NP CR2E037 (12/06)

4. FEI Number

59-1378320 59-1378520

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LOUAN, RATHRE
320 HARBOR PL. S.W.
FORT WALTON BEACH, FL 32548**

7. Name and Address of New Registered Agent

Name **LOUAN RATHKE**

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

SIGNATURE

Louan B. Rathke

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

(NOTE: Registered Agent signature required when reinstating)

1-15-08

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

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

TITLE SD ☒ Delete
NAME WADE, PHYLLIS J
STREET ADDRESS 22 WRIGHT PKWY SW # H
CITY-ST-ZIP FORT WALTON BEACH, FL 32548

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

TITLE VD ☒ Delete
NAME GOURLIE, MARY
STREET ADDRESS 281 DAWN LN
CITY-ST-ZIP MARY ESTHER, FL 32569

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition
NAME RATHKE, LOUAN
STREET ADDRESS 320 HARBOR PL. S.W.
CITY-ST-ZIP FORT WALTON BEACH, FL 32548

TITLE SD ☐ Change ☒ Addition
NAME CHAPPELL, BILLIE
STREET ADDRESS 120 BERGER PLACE
CITY-ST-ZIP FORT WALTON BEACH, FL 32548

TITLE VD ☐ Change ☒ Addition
NAME SNYDER, MARSHA
STREET ADDRESS 114 HUDSON DRIVE NW
CITY-ST-ZIP FORT 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 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:

Louan B. Rathke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-08

Date

850 243-8469

Daytime Phone #