2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# 701798

Entity Name: HOLY TRINITY LUTHERAN CHURCH OF FORT WALTON BEACH, FLORIDA, INC.

Current Principal Place of Business:

363 MIRACLE STRIP PKWY SW
FT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

363 MIRACLE STRIP PKWY SW
FT WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 59-1378520 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOUAN, RATHKE
320 HARBOR PL. S.W.
FORT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	LOUAN, RATHKE	
Address:	320 HARBOR PL SW	
City-St-Zip:	FORT WALTON BEACH, FL 32548	
Title:	SD	( ) Delete
Name:	CHAPPELL, BILLIE	
Address:	120 BERGER PL	
City-St-Zip:	FORT WALTON BEACH, FL 32548	
Title:	TD	( ) Delete
Name:	ELMORE, KATHRYN K	
Address:	375 BROOKWOOD BLVD	
City-St-Zip:	MARY ESTHER, FL 32569	
Title:	VD	( ) Delete
Name:	SNYDER, MARSHA	
Address:	114 HUDSON DR NW	
City-St-Zip:	FORT WALTON BEACH, FL 32548	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUAN RATHKE PRES 01/05/2009

Electronic Signature of Signing Officer or Director — Date