

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **702342** (7)
1. Corporation Name
HOLY TRINITY EVANGELICAL LUTHERAN CHURCH, INC.



Principal Place of Business 3424 NORTH ROOSEVELT BLVD KEY WEST FL 33040	Mailing Address 3424 NORTH ROOSEVELT BLVD KEY WEST FL 33040-4224
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/26/1961		3a. Date of Last Report 03/29/1996	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2733302		Applied For		Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees			
24 Zip	25 Country	29 Zip		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent KRUGER, PAUL A. REV. 908 TRINITY DRIVE KEY WEST FL 33040				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0502, Florida Statutes.

SIGNATURE *Paul A. Kruger, Pastor* **PASTOR** *1-9-97*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JANS, NANCY			1.2 NAME	JAMES LANG		
STREET ADDRESS	3 CORMORVAT LN			1.3 STREET ADDRESS	6800 MALONEY AVE. # 49		
CITY-ST-ZIP	KEY WEST FL			1.4 CITY-ST-ZIP	KEY WEST, FL 33040		
TITLE	PD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LA VALLE, HELEN			2.2 NAME	DOUG SKLARSKI		
STREET ADDRESS	3226 EAGLE AVE			2.3 STREET ADDRESS	3424 N. ROOSEVELT BLVD		
CITY-ST-ZIP	KEY WEST FL			2.4 CITY-ST-ZIP	KEY WEST, FL 33040		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	VB	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BROADBENT, JOANN			3.2 NAME	DIANA JENNISON		
STREET ADDRESS	3417 DONALD AVE.			3.3 STREET ADDRESS	3226 EAGLE AVE		
CITY-ST-ZIP	KEY WEST FL			3.4 CITY-ST-ZIP	KEY WEST, FL 33040		
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUE, JACK			4.2 NAME			
STREET ADDRESS	17082 STARFISH LANE W			4.3 STREET ADDRESS			
CITY-ST-ZIP	SUMMERLAND KEY FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHMIDT, MARK			5.2 NAME			
STREET ADDRESS	17143 GREEN TURTLE LANE W			5.3 STREET ADDRESS			
CITY-ST-ZIP	SUMMERLAND KEY FL			5.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEIGH, CARMAN			6.2 NAME			
STREET ADDRESS	22 ASTER TR			6.3 STREET ADDRESS			
CITY-ST-ZIP	KEY WEST FL			6.4 CITY-ST-ZIP			

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Doug Sklarski* **- DOUGLAS SKLARSKI** *1-9-97* **305.394.1305**

CR2E037 (9/96)