

FILE NOW: FILING FEE IS \$61.25

FILED

Jul 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 04/26/1961	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-2733302	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent KRUGER, PAUL A. REV. 908 TRINITY DRIVE KEY WEST FL 33040
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D JAMES LANG
STREET ADDRESS	6800 MALONEY AVE. #49
CITY-ST-ZIP	KEY WEST FL
TITLE	<input type="checkbox"/> DELETE
NAME	D DOUG SKLARSKI
STREET ADDRESS	3424 N. ROOSEVELT BLVD.
CITY-ST-ZIP	KEY WEST FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	VD DIANA JENNISON
STREET ADDRESS	3226 EAGLE AVE
CITY-ST-ZIP	KEY WEST FL
TITLE	<input type="checkbox"/> DELETE
NAME	TD RUE, JACK- JOHN S.
STREET ADDRESS	17082 STARFISH LANE W
CITY-ST-ZIP	SUMMERLAND KEY FL
TITLE	<input type="checkbox"/> DELETE
NAME	D SCHMIDT, MARK
STREET ADDRESS	17143 GREEN TURTLE LANE W
CITY-ST-ZIP	SUMMERLAND KEY FL
TITLE	<input type="checkbox"/> DELETE
NAME	SD LEIGH, CARMAN
STREET ADDRESS	22 ASTER TR
CITY-ST-ZIP	KEY WEST FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BRADLEY NYE
3.3 STREET ADDRESS	1005 UNITED ST
3.4 CITY-ST-ZIP	KEY WEST, FL 33040
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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:

John A. ... **JOHN S. RUE** 7/13/98 (305) 745-3673

CR2E037 (1097)