

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90032 020 ****61.25

DOCUMENT # 702342

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**



2. Principal Place of Business

21 908 TRINITY

Suite, Apt. #, etc.

22 City & State
KEY WEST, FL

23 Zip
33040

25 Country
USA

2a. Mailing Address

26 908 TRINITY

Suite, Apt. #, etc.

27 City & State
KEY WEST, FL

28 Zip
33040

30 Country
USA

3. Date Incorporated or Qualified

04/26/1961

4. FEI Number

59-2733302

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

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

FL

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 617.0503, 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 **D** ☐ DELETE

NAME **JAMES LANG**
STREET ADDRESS **6800 MALONEY AVE. #49**
CITY-ST-ZIP **KEY WEST FL**

TITLE **D** ☐ DELETE

NAME **DOUG SKLARSKI**
STREET ADDRESS **3424 N. ROOSEVELT BLVD.**
CITY-ST-ZIP **KEY WEST FL**

TITLE **D** ☐ DELETE

NAME **NUE, BRADLEY**
STREET ADDRESS **1005 UNITED STREET**
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **TD** ☐ DELETE

NAME **RUE, JOHN S**
STREET ADDRESS **17082 STARFISH LANE W**
CITY-ST-ZIP **SUMMERLAND KEY FL**

TITLE **D** ☐ DELETE

NAME **SCHMIDT, MARK**
STREET ADDRESS **17143 GREEN TURTLE LANE W**
CITY-ST-ZIP **SUMMERLAND KEY FL**

TITLE **SD** ☐ DELETE

NAME **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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Carol E. Snider
6620 Maloney Ave #1
Key West, FL 33040

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

D
RYE, BRADLEY
1005 UNITED STREET
KEY WEST, FL 33040

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/99 **305-294-6402**
Date Daytime Phone #

CR2E037 (5/99)