

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 702342**

1. Entity Name

HOLY TRINITY EVANGELICAL LUTHERAN CHURCH, INC.**FILED**
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90127 011 ****61.25

Principal Place of Business

Mailing Address

908 TRINITY
KEY WEST FL 33040
US908 TRINITY
KEY WEST FL 33040
US**C0044190**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2733302

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SNIDER, CAROL
908 TRINITY DRIVE
KEY WEST FL 33040**

Name

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	PETERSON, DAVID A	32 CATETUS DRIVE	KEY WEST FL 33040	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D	DOUG SKLARSKI	908 TRINITY DR	KEY WEST FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D	NYE, BRADLEY	3635 SEASIDE DR. #309	KEY WEST FL 33040	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TD	HOIBERG, RONALD	17082 STARFISH LANE W	KEY WEST FL 33040	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
SD	LEIGH, CARMAN	22 ASTER TR	KEY WEST FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

12. 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 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:

SIGNATURE REQUIRED

4/2/01

305-294-1305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)