

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702342

FILED  
Jul 13, 2004  
Secretary of State

**Entity Name:** HOLY TRINITY EVANGELICAL LUTHERAN CHURCH, INC.

**Current Principal Place of Business:**

908 TRINITY  
KEY WEST, FL 33040 US

**New Principal Place of Business:**

**Current Mailing Address:**

908 TRINITY  
KEY WEST, FL 33040 US

**New Mailing Address:**

**FEI Number:** 59-2733302

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

SNIDER, CAROL  
6620 MALONEY DRIVE  
KEY WEST, FL 33040 US

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: CAROL SNIDER

07/13/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PDM ( ) Delete  
Name: PETERSON, DAVID A  
Address: 32 CACTUS DR.  
City-St-Zip: KEY WEST, FL 330405632

Title: D ( ) Delete  
Name: DOUG SKLARSKI,  
Address: 908 TRINITY DR  
City-St-Zip: KEY WEST, FL

Title: D ( ) Delete  
Name: NYE, BRADLEY  
Address: 3635 SEASIDE DR, #309  
City-St-Zip: KEY WEST, FL 33040

Title: TD ( ) Delete  
Name: BUSMAN, BILL  
Address: 3635 SEASIDE DR., #309  
City-St-Zip: KEY WEST, FL 33040

Title: SD ( ) Delete  
Name: LEIGH, CARMAN  
Address: 22 ASTER TERR.  
City-St-Zip: KEY WEST, FL 33040

**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:

Title: CRA (X) Change ( ) Addition  
Name: SNIDER, CAROL  
Address: 6620 MALONEY AVENUE  
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the 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 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: REV. ARLO DAVID PETERSON

PDM

07/13/2004

Electronic Signature of Signing Officer or Director

Date