

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702342

FILED
Jul 26, 2005
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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

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 TRINTY 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: CRA () Delete
Name: SNIDER, CAROL
Address: 6620 MALONEY AVENUE
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DOUG SKLARSKI,
Address: 908 TRINTY DR
City-St-Zip: KEY WEST, FL 33040

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ARLO PETERSON

PDM

07/26/2005

Electronic Signature of Signing Officer or Director

Date