

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702342

FILED
Jul 11, 2008
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:

C/O SWIMLINE 906 KENNEDY DRIVE
A
KEY WEST, FL 33040 US

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:

SNIDER, CAROL
6620 MALONEY AVE
#1
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: _____

07/11/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

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: TD (X) Change () Addition
Name: SNIDER, CAROL
Address: 6620 MALONEY AVENUE #1
City-St-Zip: KEY WEST, FL 33040 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CAROL SNIDER

PRES

07/11/2008

Electronic Signature of Signing Officer or Director

Date