2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#721044

FILED Jan 09, 2009 Secretary of State

Entity Name: LUTHERAN CHURCH OF THE HOLY TRINITY, INC.

Current Principal Place of Business: New Principal Place of Business:

3712 EL PRADO BLVD TAMPA, FL 33629

Current Mailing Address: New Mailing Address:

3712 EL PRADO BLVD TAMPA, FL 33629

FEI Number: 59-0917847 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SNYDER, DAVID M
1810 S. MACDILL AVE STE 4
TAMPA, FL 33629 US
SUITE 4
TAMPA. FL 33629 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: DAVID M. SNYDER 01/09/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP () Delete Title: VP (X) Change () Addition Name: PIEPEN BRINK, KURT Name: BICKHART, PHIL

 Address:
 4625 W. LOWELL AVE
 Address:
 3111 SAN PEDRO AVE.

 City-St-Zip:
 TAMPA, FL 33629
 City-St-Zip:
 TAMPA, FL 33629

Title: FSD () Delete Title: () Change () Addition

 Name:
 MAY, MARY JANE
 Name:

 Address:
 4404 W. LACKLAND PLACE
 Address:

 City-St-Zip:
 TAMPA, FL 33606
 City-St-Zip:

Title: T () Delete Title: T (X) Change () Addition

 Name:
 BICKHART, PHILIP
 Name:
 MCKENNA, DENNIS

 Address:
 3111 SAN PEDRO AVE.
 Address:
 2915 POINTEVIEW DRIVE

 City-St-Zip:
 TAMPA, FL 33629
 City-St-Zip:
 TAMPA, FL 33611

Title: S () Delete Title: () Change () Addition

 Name:
 DATE, LORETTA
 Name:

 Address:
 2403 W. CHICAGO AVE.
 Address:

 City-St-Zip:
 TAMPA, FL 33629
 City-St-Zip:

Title: P () Delete Title: () Change () Addition

 Name:
 DINKEL, ERNIE
 Name:

 Address:
 2930 W. BAYSHORE CT
 Address:

 City-St-Zip:
 TAMPA, FL 33611
 City-St-Zip:

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: MARY JANE MAY FS 01/09/2009