

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 27 PM 3: 59

DOCUMENT # 721946 (2)

1. Corporation Name

ETERNAL TRINITY LUTHERAN CHURCH OF MILTON, FLORIDA, INCORPORATED

Principal Place of Business

Mailing Address

1070 OLD BAGDAD HIGHWAY
MILTON FL 32583

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MILTON FL 32583

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/27/1971
3a. Date of Last Report 02/04/1994
4. FBI Number 05-0015905
Applied For Not Applicable

2. Principal Place of Business
21 6076 OLD BAGDAD HIGHWAY
Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
26 6076 Old Bagdad Highway
Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PATTERSON, JAMES L
924 LARK AVE
MILTON FL 32570

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME INGOLDSTAD, ORLANDO
STREET ADDRESS RT. 6, BOX 153
CITY-ST-ZIP MILTON FL
TITLE T
NAME CAROTHERS, LILY
STREET ADDRESS 5724 SUNFLOWER AVENUE
CITY-ST-ZIP MILTON FL
TITLE S
NAME FOSTER, JULIE
STREET ADDRESS 103 QUEEN ST
CITY-ST-ZIP MILTON FL
TITLE D
NAME GLENN, LEO
STREET ADDRESS 801 COLLEGE DRIVE
CITY-ST-ZIP MILTON FL
TITLE D
NAME POPPE, CLARENCE
STREET ADDRESS 210 PECAN
CITY-ST-ZIP MILTON FL
TITLE D
NAME NIEMANN, MELVIN
STREET ADDRESS 8438 WILMAR AVENUE
CITY-ST-ZIP MILTON FL

1.1 TITLE P
1.2 NAME Seebeck, George
1.3 STREET ADDRESS 5249 Rowe Trail
1.4 CITY-ST-ZIP Pace, Florida 32571
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE D
4.2 NAME Davis, George
4.3 STREET ADDRESS 1103 Barnes Street
4.4 CITY-ST-ZIP Milton, Florida 32570
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: LILY CAROTHERS Lily Carothers 1/28/95 904 626-2051
Typed Name #