## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

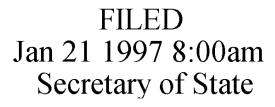
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(2)

## ETERNAL TRINITY LUTHERAN CHURCH OF MILTON, FLORI DA, INCORPORATED





Principal Place of Business				Mailing Address					., ., ., ., ., ., ., ., ., ., ., ., ., .		
6076 OLD BADDAD HIGHWAY				6076 OLD BAGDAD HIGHWAY							
MILTON FL 32583			MIL	MILTON FL 32583-8943				}			
US	US			US				2. Data Incorporated by Qualified   25	Date of Leet	Bonest	
								3. Date Incorporated or Qualified 3a. 10/27/1971	Date of Last 02/08/	1996	
A Dringing Di	lane of Dunin		1 00	Mailing Address			····	4. FEI Number			
2. Principal Place of Business			<b>-</b>	2a. Mailing Address				05-0015905	<b></b>	Applied For	
21 Cuite Act # ate			26	Suite, Apt. #, etc.				The traphological control of the transfer of t			
Suite, Apt. #, etc.				<del></del> ¬				5. Certificate of Status Desired		Additional Regulred	
City & State				City & State							
23			-	26				6. Election Campaign Financing	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
	Zip Country			Zip Country							
·	25		—¬	29 30		ood.iii)		8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes Yes No			
24	9, Name and Address of Curren							10, Name and Address of New Registered Agent			
<del></del>	3, 110,110 (	<u> </u>	Hogiet	orda rigorit		81	Name	IO, ITEMO WILD ADVISOR OF THE TOTAL OF	wa rigotit		
0		0.1									
PATTERSON, JAMES L				82 Street Ad			Street #	ddress (P.O. Box Number is Not Acceptable)			
924 LARK AVE						63		· · · · · · · · · · · · · · · · · · ·			
MILTON FL 32570							1			ŀ	
						84	City	-	85 Zi	p Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 berefy accept the appointment as 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 617.0503, Florida Statutes.											
SIGNATURE											
Signature, typed or printed name of registered egent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE											
12. OFFICERS AND D								ADDITIONS/CHANGES TO OFFICERS			
TITLE	D			DELETE 1.1			- !		L. Chang	e 🔲 Addition	
NAME				1.2 N			ļ			Į.	
STREET ADDRESS	32,000,000			1.3 ST			ADDRESS				
CITY-ST-ZIP	PACE FL						T-ZIP				
TITLE	T			☐ DELETE 2.1			l		L Chang	e [ Addition	
NAME	0,4,01,12,10,1				2.21	NAME	ĺ				
STREET ADDRESS	STREET ADDRESS 5724 SUNFLOWER AVENUE			2.3			ADDRESS			Ţ	
CITY-ST-ZIP MILTON FL							ST-ZIP				
TITLE	D			DELETE 3.1					☐ Chang	e 🔲 Addition	
NAME ]		JOSEPH			3.21	NAME	1			]	
STREET ADDRESS	STREET ADDRESS 5761 COUNTRY SQUIRE ROAL				3.3 5	STREET	ADORESS				
CITY-ST-ZIP	-ST-ZIP MILTON FL						ST-ZIP				
TITLE	S	***************************************	1121	DELETE	4.1	TITLE		S	Chang	e 🗶 Addition	
NAME	KING, JO	DSEPH		,	4. 2	NAME		Dorothy Griceers			
STREET ADDRESS	A				4.3 \$	4.3 STREET ADDRESS		Dorothy Griggers 5717 Redwood Drive		}	
CITY-ST-ZIP							T-ZIP	Milton, FL 32570			
TITLE	D	<del>-</del>		X DELETE		ITLE		D	☐ Chang	e Addition	
NAME	_	CLARENCE		,		NAME	ĺ	David Shoop	·	j	
STREET ADDRESS	210 PEC						ADDRESS	6049 Antelope Street		ļ	
CITY-ST-ZIP	MILTON					CITY - S	1	Milton. FL 32570		1	
TITLE	P	<u> </u>		DELETE		TITLE	9.74.07	TITLION FL 32J/V	Chang	e Addition	
	•	DOTAD LANNIVII		- Decete			- 1			- Amaz y mornori	
NAME SYDECT ADDRESS		DSTAD, LANNYU IND ROAD				NAME	ADDRESS.	}			
STREET ADDRESS			i i			ADDRESS					
CITY-ST-ZIP	MILTON	t.			6.4 (	CITY-S	T-ZIP				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on as attachment with an address.

SIGNATURE:

January 11, 1997

V SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 0074791