

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90239 009 ****61.25

DOCUMENT # 721946

1. Entity Name

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

Principal Place of Business

Mailing Address

**6076 OLD BADDAD HIGHWAY
MILTON FL 32583
US**

**6076 OLD BAGDAD HIGHWAY
MILTON FL 32583
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

05-0015905

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PATTERSON, JAMES L
924 LARK AVE
MILTON FL 32570**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **V** ☒ Delete
NAME **SEEBECK, GEORGE**
STREET ADDRESS **5249 ROWE TRAIL**
CITY-ST-ZIP **PACE FL 32571**

TITLE **V** ☒ Change ☒ Addition
NAME **FRED MILLER**
STREET ADDRESS **5684 TREVINO DR**
CITY-ST-ZIP **MILTON FL 32570**

TITLE **T** ☐ Delete
NAME **CAROTHERS, LILY**
STREET ADDRESS **5724 SUNFLOWER AVENUE**
CITY-ST-ZIP **MILTON FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **FINLEY, JOSEPH**
STREET ADDRESS **5761 COUNTRY SQUIRE ROAD**
CITY-ST-ZIP **MILTON FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Delete
NAME **DOROTHY GRIGGERS**
STREET ADDRESS **5717 REDWOOD DR.**
CITY-ST-ZIP **MILTON FL**

TITLE **S** ☐ Change ☒ Addition
NAME **LESLEY LONG**
STREET ADDRESS **3869 RHODELLA PL**
CITY-ST-ZIP **PACE FL 32571**

TITLE **D** ☐ Delete
NAME **DAVIS, BILL**
STREET ADDRESS **5438 TIMBER CREEK DR.**
CITY-ST-ZIP **MILTON FL 32571**

TITLE **P** ☒ Change ☐ Addition
NAME **BILL DAVIS**
STREET ADDRESS **5438 TIMBER CREEK DR**
CITY-ST-ZIP **MILTON FL 32571**

TITLE **P** ☒ Delete
NAME **INGVOLDSTAD, LANNYU**
STREET ADDRESS **7715 LUND ROAD**
CITY-ST-ZIP **MILTON FL**

TITLE **D** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

LILY J. CAROTHERS
Lily J. Carothers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/02 **(850) 626-2051**
Date Daytime Phone #

CR2E037 (9/01)