

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721946

FILED
Jun 14, 2008
Secretary of State

Entity Name: ETERNAL TRINITY LUTHERAN CHURCH OF MILTON, FLORIDA, INCORPORATED

Current Principal Place of Business:

6076 OLD BADDAD HIGHWAY
MILTON, FL 32583 US

New Principal Place of Business:

Current Mailing Address:

6076 OLD BAGDAD HIGHWAY
MILTON, FL 32583 US

New Mailing Address:

FEI Number: 05-0015905 **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:

RIMMIE, TIM
6045 BRECKENRIDGE DR
MILTON, FL 32570 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: INGULDSTAD, LANNY
Address: 7715 LUND RD
City-St-Zip: MILTON, FL 32570

Title: V () Delete
Name: BUSBY, MICHAEL
Address: 4895 TIMBER DR
City-St-Zip: PACE, FL 32571

Title: T () Delete
Name: TAYLOR, LUDEAN O
Address: 3716 SAWMILL CR
City-St-Zip: PACE, FL 32571

Title: S () Delete
Name: AMOS, DOTTY
Address: 4490 NORA AVE
City-St-Zip: PACE, FL 32571

Title: E () Delete
Name: MOORE, KEVIN
Address: 6599 STARBOARD
City-St-Zip: MILTON, FL 32570

Title: E () Delete
Name: WITT, DAVID
Address: 4117 N CAMBRIDGE WAY
City-St-Zip: PACE, FL 32571

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HETFIELD, TOM
Address: 4477 EDGEWOOD DR
City-St-Zip: MILTON, FL 32570

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: TIM REMMIE

DIR

06/14/2008

Electronic Signature of Signing Officer or Director

Date