

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721946

FILED
Mar 19, 2009
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 ()

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: HETFIELD, TOM
Address: 4477 EDGEWOOD DR
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: () Change () Addition
Name:
Address:
City-St-Zip:

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

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

Title: () Change () Addition
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Address:
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: LUDEAN O TAYLOR

TREA

03/19/2009

Electronic Signature of Signing Officer or Director

_____ Date