

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90224 032 ****61.25

DOCUMENT # 721946

1. Entity Name

ETERNAL TRINITY LUTHERAN CHURCH OF MILTON, FLORIDA, INCORPORATED



Principal Place of Business

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

Mailing Address

**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

Zip

Country

Zip

Country

4. FEI Number **05-0015905**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **V**
NAME **MILLER, FRED**
STREET ADDRESS **5684 TREVINOOR**
CITY-ST-ZIP **MILTON FL 32570**

☐ Delete

TITLE **P**
NAME **Miller, Fred**
STREET ADDRESS **5684 Trevino Dr.**
CITY-ST-ZIP **Milton, FL 32570**

☒ Change ☐ Addition

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **S**
NAME **LONG, LESLEY**
STREET ADDRESS **3869 RHODELLA PL**
CITY-ST-ZIP **PACE FL 32571**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

TITLE **V**
NAME **Busby, Michael**
STREET ADDRESS **4895 Timber Ridge**
CITY-ST-ZIP **Pace, FL 32571**

☒ Change ☐ Addition

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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: **Signature Required**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/03

(850) 626-7051

CR2E037 (10/02)