


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 BADDAD HIGHWAY
MILTON FL 32583
US**

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



CHECK HERE IF MAKING CHANGES

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

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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

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

TITLE	V	<input type="checkbox"/> Delete
NAME	MILLER, FRED	
STREET ADDRESS	5684 TREVINOOR	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	T	<input type="checkbox"/> Delete
NAME	CAROTHERS, LILY	
STREET ADDRESS	5724 SUNFLOWER AVENUE	
CITY-ST-ZIP	MILTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FINLEY, JOSEPH	
STREET ADDRESS	5761 COUNTRY SQUIRE ROAD	
CITY-ST-ZIP	MILTON FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	LONG, LESLEY	
STREET ADDRESS	3869 RHODELLA PL	
CITY-ST-ZIP	PACE FL 32571	
TITLE	P	<input type="checkbox"/> Delete
NAME	DAVIS, BILL	
STREET ADDRESS	5438 TIMBER CREEK DR.	
CITY-ST-ZIP	MILTON FL 32571	
TITLE	D	<input type="checkbox"/> Delete
NAME	INGVOLDSTAD, LANNYU	
STREET ADDRESS	7715 LUND ROAD	
CITY-ST-ZIP	MILTON FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, FRED	
STREET ADDRESS	5684 Trevino Dr.	
CITY-ST-ZIP	Milton, Fl 32570	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Busby, Michael	
STREET ADDRESS	4895 Timber Ridge	
CITY-ST-ZIP	Pace, FL 32571	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Signature Required **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

116103 (850)626-7051

CR2E037 (10/02)