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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 715847

1. Corporation Name

TRINITY CHAPEL OF ST. AUGUSTINE, INC.

Principal Place of Business	Mailing Address
1485 U.S. #1 SOUTH ST AUGUSTINE FL 32086	1485 U.S. #1 SOUTH ST AUGUSTINE FL 32086

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 01/08/1969
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1769026 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Electior Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

TINSLEY, DONAVAN E.
4528 MEADOW WOOD LANE
ELKTON FL 32033

10. Name and Address of New Registered Agent

81 Name

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

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TINSLEY, NELLIE T		1.2 NAME		
STREET ADDRESS	4528 MEADOW WOOD LN		1.3 STREET ADDRESS		
CITY-ST-ZIP	ELKTON FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RIMER, DON		2.2 NAME		
STREET ADDRESS	3121 BEGONIA ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LACY, D CAMERON		3.2 NAME		
STREET ADDRESS	550 LEMASTER DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BCH FL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PACETTI, R J		4.2 NAME		
STREET ADDRESS	978 ALCALA DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST.AUGUSTINE FL		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MCDANIEL, JANE R		5.2 NAME		
STREET ADDRESS	308 CHAPEL RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	TART, RUTH M		6.2 NAME		
STREET ADDRESS	146 WASHINGTON ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL		6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 2/26/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)