


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90181 019 ****61.25

DOCUMENT # 724909					
1. Entity Name THE TRINITY ASSOCIATE REFORMED PRESBYTERIAN CHURCH, INCORPORATED, OF TAMPA, FLORIDA					
Principal Place of Business 14925 NORTH BOULEVARD TAMPA, FL 33613		Mailing Address 14925 NORTH BOULEVARD TAMPA, FL 33613			
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 59-1218057	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RODD J. RODRIGUEZ, ROBO JPHD 4621 GULFWINDS DR LUTZ, FL 33558			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 <i>Rodriguez</i>		(Rodriguez)		DATE 4-26-06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 '06		
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BURKS, SANDRA	NAME			
STREET ADDRESS	902 RAWLINGS CIR.	STREET ADDRESS			
CITY-ST-ZIP	LUTZ, FL	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SALONKO, DENNIS R	NAME			
STREET ADDRESS	16103 W LAKE BURRELL DR	STREET ADDRESS			
CITY-ST-ZIP	LUTZ, FL 33549	CITY-ST-ZIP			
TITLE	VCHD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RODRIGUEZ, RODD	NAME			
STREET ADDRESS	4621 GULFWINDS DR	STREET ADDRESS			
CITY-ST-ZIP	LUTZ, FL 33558	CITY-ST-ZIP			
TITLE	CCHD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RODRIGUEZ, RODD	NAME			
STREET ADDRESS	4621 GULFWINDS DR	STREET ADDRESS			
CITY-ST-ZIP	LUTZ, FL 33549	CITY-ST-ZIP			
TITLE	VCHD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BURDETTE, BURT	NAME			
STREET ADDRESS	10612 N 26TH ST	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33612	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Rodriguez</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4-26-06	
				Daytime Phone #	

40078862



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