SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
Jul 29, 1999 8:00 am
Secretary of State
07-29-1999 90025 006 ****61.25

100730

DOCUMENT # C10009

1. Corporation Name

TRINITY EVANGELICAL LUTHERAN CHURCH OF ST. PETER SBURG, FLORIDA

598595 - 90025 - 6

Principal Place of Business	Mailing Address
401 FIFTH STREET NORTH ST. PETERSBURG FL 33701	401 FIFTH STREET NORTH ST. PETERSBURG FL 33701

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 06/24/1992	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0638496	☐ 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. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SHUTE, JEANNE
401 FIFTH STREET NORTH
ST. PETERSBURG FL 33701

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	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	~~DASHER, BETTY~~		1.2 NAME	DASHER, RICHARD	
STREET ADDRESS	7912 SAILBOAT KEY BLVD S #308		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	HARDT, NANCY		2.2 NAME	TIPTON, JEANNE	
STREET ADDRESS	14801 SUGARCANE WAY		2.3 STREET ADDRESS	1512 CHEYENNE NE	
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP	ST PETERSBURG, FL 33703	
TITLE	TD	☒ DELETE	3.1 TITLE	TD	☐ Change ☒ Addition
NAME	MOWRER, HELEN		3.2 NAME	ENGLER, ALBERT	
STREET ADDRESS	4574 34 AVENUE N		3.3 STREET ADDRESS	5824 16 LANE NE	
CITY-ST-ZIP	ST. PETERSBURG FL		3.4 CITY-ST-ZIP	ST PETERSBURG, FL 33703	
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SHUTE, JEANNE		4.2 NAME		
STREET ADDRESS	1061-A 85 TERRACE N		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (5/99)

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: Jeanne Shute SIGNATURE REQUIRED July 11 1999 822-3307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #