

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# C10009

FILED
Jul 13, 2004
Secretary of State**Entity Name:** TRINITY EVANGELICAL LUTHERAN CHURCH OF ST. PETERSBURG, FLORIDA**Current Principal Place of Business:**401 FIFTH STREET NORTH
ST. PETERSBURG, FL 33701**New Principal Place of Business:****Current Mailing Address:**401 FIFTH STREET NORTH
ST. PETERSBURG, FL 33701**New Mailing Address:****FEI Number:** 59-0638496**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SHUTE, JEANNE
401 FIFTH STREET NORTH
ST. PETERSBURG, FL 33701 US**Name and Address of New Registered Agent:**LARSON, STEPHANIE
401 FIFTH STREET NORTH
ST. PETERSBURG, FL 33701 US

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.

SIGNATURE: STEPHANIE A. LARSON

07/13/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: PHIPPS, SUSAN
Address: 1240 15TH AVE N
City-St-Zip: SAINT PETERSBURG, FL 33704**Title:** V () Delete
Name: PADGETT, DAVID
Address: 744 14TH AVE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33701**Title:** T () Delete
Name: MOWRER, HELEN
Address: 4574 34TH AVE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33713**Title:** S () Delete
Name: SHUTE, JEANNE
Address: 1061-A 85 TERRACE N
City-St-Zip: ST. PETERSBURG, FL**Title:** T () Delete
Name: MENDZA, WALTER
Address: 3981 COQUINA KEY DR SE
City-St-Zip: SAINT PETERSBURG, FL 33705**Title:** S () Delete
Name: PHIPPS, CHARLES
Address: 1240 15TH AVE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33704**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: NICKERSON, ALAN
Address: 1432 TYRONE BLVD.
City-St-Zip: SAINT PETERSBURG, FL 33710**Title:** V (X) Change () Addition
Name: NAPOLITANO, LISA
Address: 7101 MEADOWLAWN DRIVE
City-St-Zip: SAINT PETERSBURG, FL 33702**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** S (X) Change () Addition
Name: LARSON, STEPHANIE A
Address: 230 17TH AVENUE NE
City-St-Zip: ST. PETERSBURG, FL 33704**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHANIE A. LARSON

SECR

07/13/2004

Electronic Signature of Signing Officer or Director

Date