2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State 03-28-2007 90012 021 ****61.25 DOCUMENT # N06000004666 TRINITY ANGLICAN CHURCH OF PORT CHARLOTTE, **INCORPORATED** 40043456 Principal Place of Business Mailing Address 321 W. TARPON BLVD. 321 W. TARPON BLVD. PT CHARLOTTE, FL 33952 PT CHARLOTTE, FL 33952 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02112007 CR2E037 (12/06) City & State Applied For City & State 4. FEI Number 22-3930456 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI_FL 33145 Port Charle He Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS PD TITLE Z Delete TITLE RT. REV. Stanley LAZArczyk 17100 Brilgestone Court #103 NAME ROBEDEE, EDWARD C NAME STREET ADDRESS 115 GRAHAM DR SE STREET ADDRESS CITY-ST-ZIP PT CHARLOTTE, FL 33952 CITY-ST-ZIF Fort Myers, FL 33908 Edward < Robedec VPD Delete Addition TITLE LANG, MARGARET C 321 W. TArpon Blud NAME NAME 115 GRAHAM DR SE STREET ADDRESS STREET ADDRESS Port Charlotte, FL 33952 PT CHARLOTTE, FL 33952 CITY-ST-ZIP CITY-ST-ZIP STD ☐ Delete ☐ Change ■ Addition TITLE ROBEDEE, JOY D NAME NAME STREET ADDRESS 115 GRAHAM DR SE STREET ADDRESS CITY-ST-ZIP PT CHARLOTTE, FL 33952 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZE ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P ☐ Change Addition me ☐ Delete TIT1 F NAME NAME STREET ADDRESS STREET ADDRESS 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 cett; 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 Bl

FILED Mar 28, 2007 8:00 am

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