FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995 6295 B-7049??

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -2 PM 3:14

DOCUMENT # N09137 (3)

1. Corporation Name

TRINITY PRESBYTERIAN CHURCH FOUNDATION, INC.

Principal Place of Business	Mailing Address
2001 RAINBOW DRIVE CLEARWATER FL 34625-3634	2001 RAINBOW DRIVE CLEARWATER FL 34625-3634

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/08/1985	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2528671	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GEORGE, CHARLES D., ESQ.
GEORGE & PAYANT, P.A.
2349 SUNSET POINT RD, STE 401
CLEARWATER FL 34625

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 607.0502 and 607.1508, 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 607.0505, 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	D	11 TITLE		☐ Change ☐ Addition
NAME	ASH, LOIS	12 NAME		
STREET ADDRESS	1353 HAMLIN DR.	13 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	14 CITY-ST-ZIP		
TITLE	TD	21 TITLE	TD	☒ Change ☒ Addition
NAME	[redacted]	22 NAME	W H JONES	
STREET ADDRESS	[redacted]	23 STREET ADDRESS	1812 DREW STREET SUITE 6	
CITY-ST-ZIP	[redacted]	24 CITY-ST-ZIP	CLEARWATER FL 34625	
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	BRYAN, EDWARD	32 NAME		
STREET ADDRESS	2309 GROVEWOOD RD.	33 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	LOEFFLER, DOUGLAS	42 NAME		
STREET ADDRESS	302 CRESTWOOD LANE	43 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL	44 CITY-ST-ZIP		
TITLE	DC	51 TITLE		☐ Change ☐ Addition
NAME	GAGE, DONALD	52 NAME		
STREET ADDRESS	2249 JAFFA PLACE	53 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	54 CITY-ST-ZIP		
TITLE	DS	61 TITLE		☐ Change ☐ Addition
NAME	JUSTICE, CAROL	62 NAME		
STREET ADDRESS	14 MAYWOOD AVE.	63 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: W H Jones W H JONES 5/18/95 813/446-2772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000696