

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 703256

**FILED**  
**Feb 19, 2010**  
**Secretary of State**

**Entity Name:** HOLY TRINITY LUTHERAN CHURCH OF PORT CHARLOTTE, INC.

**Current Principal Place of Business:**

2565 TAMIAMI TRAIL  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

**Current Mailing Address:**

2565 TAMIAMI TRAIL  
PORT CHARLOTTE, FL 33952

**New Mailing Address:**

**FEI Number:** 59-1439248

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DIJIROLANIO, WILLIAM PRES.  
5277 GRAND PALMETTO WAY  
NORTH PORT, FL 34286 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TT  
Name: ERICKSON, CHRISTINA TREAS  
Address: 3727 ISLAND CLUB DR.  
City-St-Zip: NORTH PORT, FL 34288

Title: ST  
Name: DORMANN, CAROL  
Address: 1129 LIVE OAK CIRCLE  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: P  
Name: DIJIROLANIO, WILLIAM PRES.  
Address: 5277 GRAND PALMETTO WAY  
City-St-Zip: NORTH PORT, FL 34286

Title: VT  
Name: BUNKER, THEDA VICE P.  
Address: 14400 SILVER LAKE CIRCLE  
City-St-Zip: PORT CHARLOTTE, FL 33948

I hereby 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 all other like empowered.

SIGNATURE: CHRISTINA ERICKSON

TT

02/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date