FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 703690 (8)

1. Corporation Name

TRINITY LUTHERAN CHURCH OF TITUSVILLE, FLORIDA, INC.

Principal Place of Business	Mailing Address
3671 SOUTH HOPKINS AVE TITUSVILLE FL 32780	3671 SOUTH HOPKINS AVE TITUSVILLE FL 32780

3. Date Incorporated or Qualified: **04/12/1962**

3a. Date of Last Report: **02/15/1995**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: **59-1162869** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

STITT, ROBERT H
236 OLMSTEAD DR
TITUSVILLE FL 32780-5716

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	TD	☒ DELETE	1.1 TITLE	TD	☒ Change ☐ Addition
NAME	HANTZ, BARBARA		1.2 NAME	STUPP, CARL	
STREET ADDRESS	648 AMOR DR		1.3 STREET ADDRESS	1540 KINGS COURT	
CITY-ST-ZIP	COCOA FL 32927		1.4 CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE	SD	☒ DELETE	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	CLAIRE, ANDERSON		2.2 NAME	PIOCH, MARIE	
STREET ADDRESS	3980 BRAMBLEWOOD LANE		2.3 STREET ADDRESS	4400 ELLIOT AVE.	
CITY-ST-ZIP	TITUSVILLE FL 32780-2		2.4 CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ROBERT H STITT		3.2 NAME		
STREET ADDRESS	236 OLMSTEAD DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL 32754		3.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	ANLIKER, WILLIAM C		4.2 NAME	WACHOWSKI, ELLEN	
STREET ADDRESS	865 PILGRIM DRIVE		4.3 STREET ADDRESS	3600 TODD COURT	
CITY-ST-ZIP	TITUSVILLE FL 32780		4.4 CITY-ST-ZIP	TITUSVILLE, FL 32780	
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 (12/95)

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)(k), 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: Robert H Stitt 1/23/96 407-267-6323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #