FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 25, 1999 8:00 am
Secretary of State
03-25-1999 90031 038 ****61.25

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DOCUMENT # 703690

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

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)

3. Date Incorporated or Qualified: 04/12/1962
4. FEI Number: 59-1162869 ☐ Applied For ☐ Not Applicable
5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MOSTERT, ARLENE
899 BARCLAY DR.
COCOA FL 32927

10. Name and Address of New Registered Agent

81 Name: Meulman, Raymond
82 Street Address (P.O. Box Number is Not Acceptable): 4065 Tiwa Lane
83
84 City: Titusville FL 85 Zip Code: 32796

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: Raymond C Meulman RAYMOND MEULMAN 3/16/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD STUPP, CARL 1540 KINGS COURT TITUSVILLE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD President Raymond Meulman 4065 Tiwa Lane Titusville FL 32796	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MOSTERT, ARLENE 899 BARCLAY DR. COCOA FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD Vice President Louise Lee 1112 Lane Ave. Titusville FL 32780	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GENTRY, MARCIE 1731 ROBIN HOOD AVE TITUSVILLE FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SD Secretary Sally Bauer 3079 Finsterwald Drive Titusville FL 32780	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MEULMAN, RAYMOND 4065 TIWA LANE TITUSVILLE FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: Raymond C Meulman SIGNATURE REQUIRED — 3/16/99 — (407) 267-6323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #