2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703690

Apr 17, 2008 Secretary of State

Entity Name: TRINITY LUTHERAN CHURCH OF TITUSVILLE, FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 3671 SOUTH HOPKINS AVE TITUSVILLE, FL 32780 **Current Mailing Address: New Mailing Address:** 3671 SOUTH HOPKINS AVE TITUSVILLE, FL 32780 FEI Number: 59-1162869 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MILLER, DAVID 525 SUNRISE DRIVE TITUSVILLE, FL 32780 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MILLER, KRISTEN Name: Name: 525 SUNRISE DRIVE Address: Address: City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip: Title: PD () Delete Title: () Change () Addition Name: MILLER, DAVID Name: Address: 525 SUNRISE DRIVE Address: City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip: Title: VD. () Delete Title: (X) Change () Addition KRAFT, RUSSELL ROD, NICOLAISEN Name: Name: 4337 CAPER CT. 1290 MUIRFIELD CT.. Address: Address: City-St-Zip: TITUSVILLE, FL 32796 City-St-Zip: TITUSVILLE, FL 32780 Title: TD () Delete Title: TD (X) Change () Addition AMMONS, LESA Name: Name: DONALD, PACKER 2825 S. WASHINGTON AVE. #109 Address: Address: 310 S. ROYAL OAK DR City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip: TITUSVILLE, FL 32780

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAVID MILLER PD 04/17/2008