

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703690

FILED
Feb 17, 2009
Secretary of State

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

Current Principal Place of Business:

3671 SOUTH HOPKINS AVE
TITUSVILLE, FL 32780

New Principal Place of Business:

3671 S. HOPKINS AVE
TITUSVILLE, FL 32780

Current Mailing Address:

3671 SOUTH HOPKINS AVE
TITUSVILLE, FL 32780

New Mailing Address:

3671 S. 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:

MILLER, DAVID
525 SUNRISE DRIVE
TITUSVILLE, FL 32780 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: SD (X) Delete
Name: MILLER, KRISTEN
Address: 525 SUNRISE DRIVE
City-St-Zip: TITUSVILLE, FL 32780

Title: PD () Delete
Name: MILLER, DAVID
Address: 525 SUNRISE DRIVE
City-St-Zip: TITUSVILLE, FL 32780

Title: VD () Delete
Name: ROD, NICOLAISEN
Address: 1290 MUIRFIELD CT..
City-St-Zip: TITUSVILLE, FL 32780

Title: TD () Delete
Name: DONALD, PACKER
Address: 310 S. ROYAL OAK DR
City-St-Zip: TITUSVILLE, FL 32780

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROD NICOLAISEN

VD

02/17/2009

Electronic Signature of Signing Officer or Director

Date