

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703737

FILED  
Apr 03, 2009  
Secretary of State

**Entity Name:** TRINITY RESCUE MISSION, INC.

**Current Principal Place of Business:**

622 UNION STREET  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

**Current Mailing Address:**

800 HAMMOND BLVD  
JACKSONVILLE, FL 32221

**New Mailing Address:**

**FEI Number:** 59-6152373

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MESSER, THOMAS C.  
800 HAMMOND BLVD.  
JACKSONVILLE, FL 32221 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: PD ( ) Delete  
Name: MESSER, THOMAS C.  
Address: 800 HAMMOND BLVD  
City-St-Zip: JACKSONVILLE, FL

Title: VD ( ) Delete  
Name: GREENE, WILLIAM M  
Address: 1090 KNOLL DRIVE W  
City-St-Zip: JACKSONVILLE, FL 32221

Title: SD ( ) Delete  
Name: MILLER, JAMES B  
Address: 320-A VILLAGE DRIVE  
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: TD ( ) Delete  
Name: BRADDOCK, KENNETH W.  
Address: 1649 SPRING BRANCH DRIVE E.  
City-St-Zip: JACKSONVILLE, FL 32221

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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:

Title: OD ( ) Change (X) Addition  
Name: GAYDOS, MICHAEL A.  
Address: 209 NEPTUNE ROAD  
City-St-Zip: ORANGE PARK, FL 32073

Title: FD ( ) Change (X) Addition  
Name: BYER, DAVID  
Address: 3003 GREENBRIAR ROAD  
City-St-Zip: JACKSONVILLE, FL 32259

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: MICHAEL GAYDOS

OD

04/03/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date