2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# 706969

Entity Name: TRINITY PRESBYTERIAN CHURCH INC

Current Principal Place of Business:

638 SOUTH PATRICK DR
SATELLITE BEACH, FL 32937

New Principal Place of Business:

Current Mailing Address:

638 SOUTH PATRICK DR
SATELLITE BEACH, FL 32937

New Mailing Address:

FEI Number: 59-1156651 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAVALLUCCI, REBECCA S
500 FERNWOOD DR
W MELBOURNE, FL 32904 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:	D	( ) Delete
Name:	CALDWELL, HARTLEY M	
Address:	3946 TURKEY POINT DRIVE	
City-St-Zip:	MELBOURNE, FL 32934	
Title:	P	( ) Delete
Name:	MAXWELL, CHRISTINE W	
Address:	1506 GRAND ISLE BLVD.	
City-St-Zip:	MELBOURNE, FL 32905	
Title:	D	( ) Delete
Name:	JORDAN, SCOTT A	
Address:	3652 LONG LEAF DRIVE	
City-St-Zip:	MELBOURNE, FL 32940	
Title:	D	( ) Delete
Name:	PARRY, JAMES	
Address:	625 TORTOISE WAY	
City-St-Zip:	SATELLITE BEACH, FL 32937	
Title:	D	( ) Delete
Name:	HEATH, SANDRA	
Address:	285 MAGNOLIA COURT	
City-St-Zip:	SATELLITE BEACH, FL 32937	
Title:	D	( ) Delete
Name:	DRAKE, MITCHELL	
Address:	473 COCO PLUM COURT	
City-St-Zip:	SATELLITE BEACH, FL 32937	

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:	( ) 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: SCOTT A. JORDAN D 01/29/2009
Electronic Signature of Signing Officer or Director — Date