


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90271 001 ****61.25

DOCUMENT # 717219 1. Entity Name TRINITY LUTHERAN CHURCH AND SCHOOL OF ROCKLEDGE, FLORIDA, INCORPORATED					
Principal Place of Business 1330 S FISKE BLVD. ROCKLEDGE, FL 32955			Mailing Address 1330 S FISKE BLVD. ROCKLEDGE, FL 32955		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SCHULTZ, LARRY 1820 LAUREL OAK DR. SOUTH. ROCKLEDGE, FL 32955				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	SD <input checked="" type="checkbox"/> Delete				
NAME	BARRINGTON, CHRISTINE				
STREET ADDRESS	1202 APPLE CREEK LANE				
CITY-ST-ZIP	ROCKLEDGE, FL 32955				
TITLE	PD <input type="checkbox"/> Delete				
NAME	SCHULTZ, LARRY				
STREET ADDRESS	1820 LAUREL OAK DR. S.				
CITY-ST-ZIP	ROCKLEDGE, FL 32955				
TITLE	D <input type="checkbox"/> Delete				
NAME	SCOTT, JOHN T				
STREET ADDRESS	1939 FURMAN CT				
CITY-ST-ZIP	COCOA, FL 32922				
TITLE	D <input type="checkbox"/> Delete				
NAME	WAREHAM, BETH				
STREET ADDRESS	200 MIZZEN CRT				
CITY-ST-ZIP	MERRITT ISLAND, FL 32952				
TITLE	TD <input type="checkbox"/> Delete				
NAME	FRICK, ROBBIN				
STREET ADDRESS	1296 TROON WAY				
CITY-ST-ZIP	ROCKLEDGE, FL				
TITLE	D <input type="checkbox"/> Delete				
NAME	MILLER4, WYNN				
STREET ADDRESS	403 N FISKE BLVD				
CITY-ST-ZIP	COCOA, FL 329227337				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	SOMMERS, DIXIE				
STREET ADDRESS	1600 WOODLAND DRIVE, APT 8102				
CITY-ST-ZIP	ROCKLEDGE, FL 32955				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	D MILLER, WYNN				
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Robbin C. Frick</u> <u>3/22/06</u> <u>321-636-5431</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					