

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717219

FILED
Jan 06, 2008
Secretary of State

Entity Name: TRINITY LUTHERAN CHURCH AND SCHOOL OF ROCKLEDGE, FLORIDA, INCORPORATED

Current Principal Place of Business:

1330 S FISKE BLVD.
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

1330 S FISKE BLVD.
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 59-1277551

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHULTZ, LARRY
1820 LAUREL OAK DR. SOUTH.
ROCKLEDGE, FL 32955 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 () Delete
Name: SOMMERS, DIXIE
Address: 1600 WOODKLAND DR APT. 8102
City-St-Zip: ROCKLEDGE, FL 32955

Title: PD () Delete
Name: SCHULTZ, LARRY
Address: 1820 LAUREL OAK DR. S.
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: SCOTT, JOHN T
Address: 1939 FURMAN CT
City-St-Zip: COCOA, FL 32922

Title: D () Delete
Name: WAREHAM, BETH
Address: 200 MIZZEN CRT
City-St-Zip: MERRITT ISLAND, FL 32952

Title: TD () Delete
Name: FRICK, ROBBIN
Address: 1296 TROON WAY
City-St-Zip: ROCKLEDGE, FL

Title: D () Delete
Name: MILLER, WYNN
Address: 403 N FISKE BLVD
City-St-Zip: COCOA, FL 329227337

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: TD (X) Change () Addition
Name: EDWARDS, KATHRYN
Address: 1848 LINDEN ROAD
City-St-Zip: WINTER PARK, FL 32792

Title: D (X) Change () Addition
Name: CROCKETT, DAVID
Address: 240 HUNT DRIVE
City-St-Zip: MERRITT ISLAND, FL 32953

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: KATHRYN EDWARDS

TD

01/06/2008

Electronic Signature of Signing Officer or Director

Date