2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# 717219

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:	EDWARDS, KATHRYN	
Address:	1848 LINDEN ROAD	
City-St-Zip:	WINTER PARK, FL 32792	
Title:	D	(X) Delete
Name:	CROCKETT, DAVID	
Address:	240 HUNT DRIVE	
City-St-Zip:	MERRITT ISLAND, FL 32953	

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: KATHRYN EDWARDS TD 03/19/2009

Electronic Signature of Signing Officer or Director — Date