


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2005 8:00 am
Secretary of State

05-18-2005 90024 031 ****61.25

DOCUMENT # 724909	
1. Entity Name THE TRINITY ASSOCIATE REFORMED PRESBYTERIAN CHURCH, INCORPORATED, OF TAMPA, FLORIDA	

Principal Place of Business 14925 NORTH BOULEVARD TAMPA, FL 33613	Mailing Address 14925 NORTH BOULEVARD TAMPA, FL 33613
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DO NOT WRITE IN THIS SPACE



01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1218057	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
DENNIS, DAVID M. SR. 1004 LITTLE GOVE TAMPA, FL 33613	RODD J. RODRIGUEZ, J.D., Ph.D. 4621 Gulfwinds DR Lutz, FL 33558

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IN THIS SPACE**

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 <u><i>Rod J. Rodriguez</i></u> (RODD RODRIGUEZ)	DATE <u>5-1-05</u>
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BURKS, SANDRA 902 RAWLINGS CIR. LUTZ, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SALONKO, DENNIS R 16103 W LAKE BURRELL DR LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCHD RODRIGUEZ, RODD 14544 COUNTRY OAK DR 4621 Gulfwinds DR TAMPA, FL 33624 Lutz, FL 33558
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CCHD RODRIGUEZ, RODD 4621 GULFWINDS DR LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCHD BURDETTE, BURT 10612 N 26TH ST TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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><i>Rod J. Rodriguez</i></u>	DATE <u>5-1-05</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	