



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90181 019 \*\*\*\*61.25

|  |  |  |   |   |   |
|--|--|--|---|---|---|
| <b>DOCUMENT # 724909</b><br>1. Entity Name<br><b>THE TRINITY ASSOCIATE REFORMED PRESBYTERIAN CHURCH, INCORPORATED, OF TAMPA, FLORIDA</b>   |  |  |   |                      |   |
| Principal Place of Business<br><b>14925 NORTH BOULEVARD<br/>TAMPA, FL 33613</b>  |  |  | Mailing Address<br><b>14925 NORTH BOULEVARD<br/>TAMPA, FL 33613</b> |   |   |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.  |   | <b>40078862</b><br> |   |
| City & State   |  | City & State   |   | 04262006 Chg-NP CR2E037 (11/05)   |   |
| Zip  |  | Country  |   | 4. FEI Number<br><b>59-1218057</b>  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | Applied For<br><input type="checkbox"/> Not Applicable   |   |   |   |
| 6. Name and Address of Current Registered Agent<br><b>RODRIGUEZ, RODD J.<br/>4621 GULFWINDS DR<br/>LUTZ, FL 33558</b>  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 <u><i>Roddy Rodriguez</i></u> (Roddy Rodriguez) <u>4-26-06</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |  |   |   |   |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>  |   | <b>\$5.00 May Be<br/>Added to Fees</b>  |   |
| <b>Make check payable to<br/>Florida Department of State</b>   |  |  |   |   |   |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>        |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>BURKS, SANDRA<br>902 RAWLINGS CIR.<br>LUTZ, FL                 | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>SALONKO, DENNIS R<br>16103 W LAKE BURRELL DR<br>LUTZ, FL 33549 | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VCHD<br>RODRIGUEZ, RODD<br>4621 GULFWINDS DR<br>LUTZ, FL 33558       | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | CCHD<br>RODRIGUEZ, RODD<br>4621 GULFWINDS DR<br>LUTZ, FL 33549       | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VCHD<br>BURDETTE, BURT<br>10612 N 26TH ST<br>TAMPA, FL 33612         | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <br><br><br>   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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. |  |  |   |   |   |
| <b>SIGNATURE:</b> <u><i>Roddy Rodriguez</i></u> <u>4-26-06</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |  |  |   |   |   |