

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724909

FILED
Jan 08, 2007
Secretary of State

Entity Name: THE TRINITY ASSOCIATE REFORMED PRESBYTERIAN CHURCH, INCORPORATED, OF TAMPA, FLORIDA

Current Principal Place of Business:

14925 NORTH BOULEVARD
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

14925 NORTH BOULEVARD
TAMPA, FL 33613

New Mailing Address:

FEI Number: 59-1218057

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODRIGUEZ, RODO J PHD
4621 GULFWINDS DR
LUTZ, FL 33558 US

Name and Address of New Registered Agent:

SALONKO, DENNIS R
16103 WEST LAKE BURRELL DRIVE
LUTZ, FL 33549 US

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: DENNIS R, SALONKO

01/08/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: BURKS, SANDRA
Address: 902 RAWLINGS CIR.
City-St-Zip: LUTZ, FL

Title: TD () Delete
Name: SALONKO, DENNIS R
Address: 16103 W LAKE BURRELL DR
City-St-Zip: LUTZ, FL 33549

Title: VCHD () Delete
Name: RODRIQUEZ, RODD
Address: 4621 GULFWINDS DR
City-St-Zip: LUTZ, FL 33558

Title: CCHD () Delete
Name: RODRIQUEZ, RODD
Address: 4621 GULFWINDS DR
City-St-Zip: LUTZ, FL 33549

Title: VCHD (X) Delete
Name: BURDETTE, BURT
Address: 10612 N 26TH ST
City-St-Zip: TAMPA, FL 33612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: BURKS, SANDRA
Address: 902 RAWLINGS CIRCLE
City-St-Zip: LUTZ, FL 33549

Title: TD (X) Change () Addition
Name: SALONKO, DENNIS R
Address: 16103 WEST LAKE BURRELL DRIVE
City-St-Zip: LUTZ, FL 33549

Title: VCHD (X) Change () Addition
Name: BOYER, MIKE
Address: 28725 FALLING LEAVES WAY
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: CCHD (X) Change () Addition
Name: SMITH, DANIEL
Address: 15828 BEREAD DRIVE
City-St-Zip: ODESSA, FL 33556

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DENNIS R. SALONKO

TD

01/08/2007

Electronic Signature of Signing Officer or Director

Date