SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 26, 1999 8:00 am
Secretary of State
07-26-1999 90013 031 ****61.25

000619

DOCUMENT # 732257

1. Corporation Name

TRINITY REFORMED CHURCH, INC.

595525 - 90013 - 31

Principal Place of Business	Mailing Address
4929 VELDA DAIRY RD. TALLAHASSEE FL 32308	4929 VELDA DAIRY RD. TALLAHASSEE FL 32308

2. Principal Place of Business 21 2314 Bannerman Road Suite, Apt. #, etc. 22 City & State 23 Tallahassee, FL Zip 24 32312 Country 25 USA	2a. Mailing Address 26 2314 Bannerman Road Suite, Apt. #, etc. 27 City & State 28 Tallahassee, FL Zip 29 32312 Country 30 USA	3. Date Incorporated or Qualifed 03/25/1975 4. FEI Number 59-1581904 ☐ Applied For ☐ Not Applicable 5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

YOUNG,, W A JR
1321 MILLSTREAM
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	Secretary/Treasurer	☐ Change ☒ Addition
NAME	YOUNG, WA JR		1.2 NAME	Thomas A. Klein	
STREET ADDRESS	1321 MILLSTREAM		1.3 STREET ADDRESS	409 El Destinado Drive	
CITY-ST-ZIP	TALLAHASSEE FL 32312		1.4 CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE	STD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TROSTLE,'JEFFREY A		2.2 NAME		
STREET ADDRESS	9373 BUCK HAVEN TRAIL		2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TILLOTSON, MICHAEL		3.2 NAME		
STREET ADDRESS	8216 CHICKASAW TRAIL		3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32312		3.4 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SHEATS, PHILIP		4.2 NAME		
STREET ADDRESS	ROUTE 4 BOX 4692		4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32344		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (5/99)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas A. Klein SIGNATURE REQUIRED 7/12/99 850-893-5303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #