2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Jan 30, 2006 08:00 AM **DOCUMENT # 732257 Secretary of State** 1. Entity Name TRINITY REFORMED CHURCH, INC. Principal Place of Business Mailing Address 2285 BANNERMAN RD. TALLAHASSEE FL 32312-8043 US 2285 BANNERMAN RD. TALLAHASSEE FL 32312-9043 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State Applied For 4. FEI Number City & State 59-1581904 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name YOUNG,, WA JR Street Address (P.O. Box Number is Not Acceptable) 1321 MILLSTREAM TALLAHASSEE FL 32312 City 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 DATE Signature, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required whon reinstating) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD TITLE ☐ Change ☐ A₫₫‰ TITLE Delete U00000405855 YOUNG, WA JR NAME 02/07/06-80106-012 61.25 1321 MILLSTREAM STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32312 CITY-ST-ZIP CRY-ST-ZIP ST ☐ Change Addition ☐ Defete TITLE TITLE KLEIN, THOMAS A NAME NAME 409 EL DESTINADO DRIVE STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32312 CITY-SY-ZIP CITY-ST-ZIP VPD Delete TITLE ☐ Change Adding TITLE TILLOTSON, MICHAEL NAME NAME STREET ADDRESS 905 SHEETS RD STREET ACCRESS CITY-ST-ZIP MONTICELLO FL 32344 CITY - ST - ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Change **□** A∜″′ ☐ Delete TIDE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP Addition ☐ Change Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 eath; 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.

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