

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732773

FILED
Apr 08, 2008
Secretary of State

Entity Name: GENERATIONS CHRISTIAN CHURCH AT TRINITY, INC.

Current Principal Place of Business:

2795 KEYSTONE ROAD
TARPON SPRINGS, FL 34688

New Principal Place of Business:

Current Mailing Address:

2795 KEYSTONE ROAD
TARPON SPRINGS, FL 34688

New Mailing Address:

FEI Number: 59-1713769

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ERSKINE, ROY
2795 KEYSTONE ROAD
TARPON SPRINGS, FL 34688 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: FLORY, BOB
Address: 320 BASS COURT
City-St-Zip: OLDSMAR, FL 34677

Title: T () Delete
Name: PFENNINGER, ROBERT
Address: 7834 ANTHULA CT
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: CD () Delete
Name: YOUNG, JOHN
Address: 3307 RED MULBERRY CT
City-St-Zip: TAMPA, FL 336181158

Title: C () Delete
Name: JENSEN, KEVIN
Address: 10142 ARROW CREEK RPAD
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: VC (X) Delete
Name: SPOERL, SCOTT
Address: 1734 E LAKE WOODLANDS PKWY
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: PRESSEL, WILLIAM
Address: 5333 LAS FLORES VIA
City-St-Zip: NEWPORT RICHEY, FL 34655

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

Title: C (X) Change () Addition
Name: TRIPOLI, TOM
Address: 3885 CAPITOL DR
City-St-Zip: PALM HARBOR, FL 34685

Title: VC (X) Change () Addition
Name: SPOERL, SCOTT
Address: 1734 E LAKE WOODLANDS PKWY
City-St-Zip: OLDSMAR, FL 34677

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

I hereby certify that the information supplied with this filing does not qualify 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: ROY ERSKINE

RA

04/08/2008

Electronic Signature of Signing Officer or Director

Date