

734803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

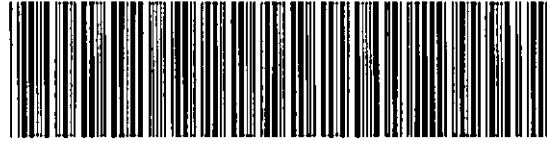
(Business Entity Name)

(Document Number)

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# COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Trinity Reformed Church of Cape Coral Inc.  
Name of Corporation

**DOCUMENT NUMBER:** 734803

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ronald J. Lotterman

Name of Contact Person

Trinity Reformed Church of Cape Coral Inc.

Firm/Company

2220 Hancock Bridge Parkway

Address

Cape Coral, FL 33990

City/State and Zip Code

fmron@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ronald J. Lotterman

Name of Contact Person

at (616) 890-2855

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Trinity Reformed Church of Cape Coral Inc.
- 2. The principal office address: 2220 Hancock Bridge Parkway, Cape Coral, FL 33990
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: December 22, 1975 Document number: 734803
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Wayne S. Morosco  
234 SE 46th Lane  
Cape Coral, FL 33904

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Ronald J. Lotterman  
3810 SE 3rd Place  
 \_\_\_\_\_  
 P.O. Box NOT acceptable  
Cape Coral, FL 33904

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

*Wayne S. Morosco*  
 \_\_\_\_\_  
 Signature of an officer or director

Wayne S. Morosco  
 \_\_\_\_\_  
 Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

*Ronald J. Lotterman*  
 \_\_\_\_\_  
 Signature of Registered Agent

November 23, 2021  
 \_\_\_\_\_  
 Date

If signing on behalf of an entity:

Ronald J. Lotterman  
 \_\_\_\_\_  
 Typed or Printed Name

**\*\*\* FILING FEE: \$35.00 \*\*\***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
 CR2E045 (04/13)