

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735113

FILED  
Mar 09, 2009  
Secretary of State

**Entity Name:** TRINITY ASSEMBLY OF GOD OF DELTONA, INC.

**Current Principal Place of Business:**

875 ELKCAM BLVD.  
DELTONA, FL 32725

**New Principal Place of Business:**

**Current Mailing Address:**

875 ELKCAM BLVD.  
DELTONA, FL 32725

**New Mailing Address:**

**FEI Number:** 59-1617945

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MEEKS, LARRY D  
875 ELKCAM BLVD  
DELTONA, FL 32725 US

**Name and Address of New Registered Agent:**

JONES, JAMES D  
875 ELKCAM BLVD  
DELTONA, FL 32725 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: JAMES JONES

03/09/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MEEKS, LARRY D  
Address: 875 ELKCAM BLVD  
City-St-Zip: DELTONA, FL 32725

Title: SD ( ) Delete  
Name: BELTRAN, FRANK  
Address: 875 ELKCAM BLVD  
City-St-Zip: DELTONA, FL 32725

Title: TD ( ) Delete  
Name: JEFFCOAT, RILEY  
Address: 875 ELKCAM  
City-St-Zip: DELTONA, FL 32725

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: JONES, JAMES D  
Address: 875 ELKCAM BLVD  
City-St-Zip: DELTONA, FL 32725

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

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: JAMES JONES

D

03/09/2009

Electronic Signature of Signing Officer or Director

Date