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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 PM 1:33

DOCUMENT # 736702 (2)

1. Corporation Name

TRINITY EVANGELICAL LUTHERAN CHURCH OF ENGLEWOOD , FLORIDA, INC.

Principal Place of Business	Mailing Address
2222 ENGLEWOOD ROAD ENGLEWOOD FL 34223-6316	2222 ENGLEWOOD ROAD ENGLEWOOD FL 34223-6316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/27/1976
3a. Date of Last Report: 01/31/1994
4. FEI Number: 59-1613551 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CLEMENS, RICHARD
1846 NEPTUNE DRIVE
ENGLEWOOD FL 34223

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Richard Clemens 1/18/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	1.1 TITLE	TD	☒ Change ☐ Addition
NAME	BALMES, ROY F.	1.2 NAME	SHOLES, KEN	
STREET ADDRESS	8 MARK TWAIN LANE	1.3 STREET ADDRESS	210 BROADMOOR LN	
CITY-ST-ZIP	ROTONTA WEST FL	1.4 CITY-ST-ZIP	ROTUNDA WEST, FL 33947	
TITLE	SD	2.1 TITLE		☐ Change ☐ Addition
NAME	BARFKNECHT, BURCHARD	2.2 NAME		
STREET ADDRESS	145 ROTONDA CIRCLE	2.3 STREET ADDRESS		
CITY-ST-ZIP	ROTONDA WEST, FL 00000	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE	S	☒ Change ☐ Addition
NAME	MCDOUGALL, KEN	3.2 NAME	WILDE, RAY	
STREET ADDRESS	1042 INDUS ROAD	3.3 STREET ADDRESS	705 VIVIENDA W BLVD	
CITY-ST-ZIP	SOUTH VENICE FL	3.4 CITY-ST-ZIP	VENICE, FL 34293	
TITLE	PD	4.1 TITLE		☐ Change ☐ Addition
NAME	CLEMENS, RICHARD	4.2 NAME		
STREET ADDRESS	1846 NEPTUNE DRIVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL	4.4 CITY-ST-ZIP		
TITLE	V	5.1 TITLE		☐ Change ☐ Addition
NAME	MCCLAIN, WILLIAM	5.2 NAME		
STREET ADDRESS	807 GULL ROAD	5.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Richard Clemens 1/18/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018000