


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90158 044 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 752361</b>					
1. Corporation Name <b>TRINITY PRESBYTERIAN CHURCH (U.S.A.), INC.</b>					
Principal Place of Business 156 FLORIDA PARK DRIVE PALM COAST FL 32137			Mailing Address 156 FLORIDA PARK DRIVE PALM COAST FL 32137		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/06/1980</b>	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number <b>59-1996675</b>	
22. City & State		27. City & State		Applied For <input type="checkbox"/> Not Applicable	
23. Zip		28. Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24. Country		29. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25. Country		30. Country			
9. Name and Address of Current Registered Agent <b>BAKER, DALE 7 CARLSON LAKE PALM COAST FL 32137</b>				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83. City	
				84. City <b>FL</b> 85. Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DT	<input type="checkbox"/> DELETE	1.1 TITLE	D/Tr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EGGERS, RICHARD		1.2 NAME	BINKLEY, TODD	
STREET ADDRESS	9 SOUTHBURY COURT		1.3 STREET ADDRESS	10 WOODSHIRE LANE	
CITY-ST-ZIP	PALM COAST FL		1.4 CITY-ST-ZIP	PALM COAST, FL 32164	
TITLE	DT	<input type="checkbox"/> DELETE	2.1 TITLE	D/Tr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, DALE		2.2 NAME		
STREET ADDRESS	7 CARLSON LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL		2.4 CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE	DT	<input type="checkbox"/> DELETE	3.1 TITLE	V/D/Tr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COPELAND, ROBERT		3.2 NAME		
STREET ADDRESS	70 KINGS COLONY COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL		3.4 CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE	DT	<input type="checkbox"/> DELETE	4.1 TITLE	D/Tr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, MARY ANN		4.2 NAME	COOLEGE, RICHARD	
STREET ADDRESS	1928 S. FLAGLER AVENUE		4.3 STREET ADDRESS	15 AVENUE DE LA MER #2201	
CITY-ST-ZIP	FLAGLER BEACH FL		4.4 CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE	DT	<input type="checkbox"/> DELETE	5.1 TITLE	D/Tr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOPACH, MARILYN		5.2 NAME		
STREET ADDRESS	30 WOODHOLLOW LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL		5.4 CITY-ST-ZIP	PALM COAST, FL 32164	
TITLE	DT	<input type="checkbox"/> DELETE	6.1 TITLE	D/Tr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEMPER, CATHERINE		6.2 NAME	JUDY, WILLIAM	
STREET ADDRESS	31 WENDOVER LANE		6.3 STREET ADDRESS	7 COLLINGTON COURT	
CITY-ST-ZIP	PALM COAST FL		6.4 CITY-ST-ZIP	PALM COAST, FL 32137	

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

*Robert Roberts*  
ROBERT ROBERTS, President

19 April 1999 (904) 446-1582

Daytime Phone #

CR2E037 (11/98)

BLOCK 12 CONT'DBLOCK 13 CONT'D

752361

7.1 D/T:  
7.2 KNIGHT, DAVID  
7.3 24 WESTBRIAR LANE  
7.4 PALM COAST, FL

D/Tr  
MARTIN, DAVID  
36 WOOD CLIFT LANE  
PALM COAST, FL 32164

(X) CHANGE

8.1 D/T  
8.2 BURNS, JAMES  
8.3 6 SAN PEDRO  
8.4 PALM COAST, FL

D/Tr  
  
  
PALM COAST, FL 32137

(X) CHANGE

9.1 D/T  
9.2 GULLIKSON, CHRISTINA  
9.3 2 CREEK COURT  
9.4 PALM COAST, FL

D/Tr  
DAVIS, STACIA  
46 FOUNTAINGATE LANE  
PALM COAST, FL 32137

(X) CHANGE

10.1 D/T  
10.2 ECKSTEIN, JANET  
10.3 2 CHERVIL WAY  
10.4 PALM COAST, FL

D/Tr  
  
  
PALM COAST, FL 32137

(X) CHANGE

11.1 T/D/T  
11.2 GIESECKE, CHRISTINE  
11.3 10 BEVERLY PLACE  
11.4 PALM COAST, FL

T/D/Tr  
  
  
PALM COAST, FL 32137

(X) CHANGE

12.1 D  
12.2 MOREY, EDWIN  
12.3 10 CHADWICK COURT  
12.4 PALM COAST, FL

D/Tr  
  
  
PALM COAST, FL 32137

(X) CHANGE

13.1 D/T  
13.2 McDERMOTT, CATHERINE  
13.3 52 FOLCROFT LANE  
13.4 PALM COAST, FL

D/Tr  
  
  
PALM COAST, FL 32137

(X) CHANGE

14.1 D/T  
14.2 HAYNES, ANDREW  
14.3 23 BLAIRTON COURT  
14.4 PALM COAST, FL

D/Tr  
TERRY, KATHY  
37 WALKER DRIVE  
PALM COAST, FL 32164

(X) CHANGE

15.1 P/D/T  
15.2 ROBERTS, ROBERT  
15.3 4 VIA VERONA  
15.4 PALM COAST, FL

P/D/Tr  
  
  
PALM COAST, FL 32137

(X) CHANGE

16.1 S/D/T  
16.2 FUNK, ROBERT  
16.3 58 WEBER LANE  
16.4 PALM COAST, FL

S/D/Tr  
  
  
PALM COAST, FL 32164

(X) CHANGE