


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90294 047 ****61.25

DOCUMENT # 752361 1. Entity Name TRINITY PRESBYTERIAN CHURCH (U.S.A.), INC.					
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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1996675	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROGERS, HAWLEY 46 ST. ANDREWS COURT PALM COAST, FL 32137				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div>					
TITLE	DTRP	<input checked="" type="checkbox"/> Delete	TITLE	DTRP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYES, MARGARET		NAME	McRae; Walter	
STREET ADDRESS	26 BELVEDERE LANE		STREET ADDRESS	10 Augusta Trail	
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP	Palm Coast, FL 32137	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DTRS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PELLMANN, JANE		NAME		
STREET ADDRESS	45 FREEPORT LANE		STREET ADDRESS		
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP		
TITLE	DTR	<input checked="" type="checkbox"/> Delete	TITLE	DTRT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIESECKE, CHRISTINE		NAME	Roberts, Robert	
STREET ADDRESS	10 BEVERLY PL. PO BOX 351248		STREET ADDRESS	4 Via Verona	
CITY-ST-ZIP	PALM COAST, FL 321351248		CITY-ST-ZIP	Palm Coast, FL 32137	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DTRV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, HAWLEY		NAME		
STREET ADDRESS	46 STREET ANDREWS COURT		STREET ADDRESS		
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP		
TITLE	DTR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONNER, RAYMOND		NAME		
STREET ADDRESS	1 LAKE PLACID LANE		STREET ADDRESS		
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP		
TITLE	DTR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYANT, RUSSELL		NAME		
STREET ADDRESS	10 CROSSVIEW LANE		STREET ADDRESS		
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Robert L. Roberts</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				3/7/06 386-445-4757 <small>Date Daytime Phone #</small>	

ATTACHMENT

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DOCUMENT #752361 TRINITY PRESBYTERIAN CHURCH BLOCK 10 CONT'D PAGE 2

Dtr
Corson, Carol X Addition
119 Frontier Dr
Palm Coast, FL 32137

Dtr X Addition
Read, Alana
24 Burning Wick Place
Palm Coast, FL 32137

Dtr
Earle, Colin
68 Bayside Drive
Palm Coast, FL 32137

Dtr X Addition
Richards, Leo
14 Brunett Lane
Palm Coast, FL 32137

Dtr
Edmonds, Betty Lou X Addition
45 Lafayette Lane
Palm Coast, FL 32164

Dtr
Royce, Ross
12 Ellsworth Drive
Palm Coast, FL 32164

Dtr
Graff, Carol X Addition
87 Longview Way
Palm Coast, FL 32137

Dtr
Jones, Queenester
75a Buttonworth Drive
Palm Coast, FL 32137

Dtr
MacKenzie, Jock
142 Frontier Lane
Palm Coast, FL 32137

Dtr
Moden, John
3310 N. Ocean Blvd
Flagler Beach, FL 32136

Dtr
Monaco, Joseph X Addition
11 Fernmill Lane
Palm Coast, FL 32137

Dtr X Addition
Morris, Joan
77 Westover Lane
Palm Coast, FL 32164-7743