

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90051 023 \*\*\*\*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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-1996675

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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 **WALTER MCRAE**

Street Address (P.O. Box Number is Not Acceptable)

**10 AUGUSTA TRAIL**

City **PALM COAST**

**FL**

Zip Code **32137**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DTRP  
MCRAE, WALTER  
10 AUGUSTA TRL  
PALM COAST FL 32137 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DTRS  
PELLMANN, JANE  
45 FREEPORT LANE  
PALM COAST FL 32137 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DTRT  
ROBERTS, ROBERT  
4 VIA VERONA  
PALM COAST FL 32137 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DTRV  
ROGERS, HAWLEY  
46 STREET ANDREWS COURT  
PALM COAST FL 32137 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DTR  
BONNER, RAYMOND  
1 LAKE PLACID LANE  
PALM COAST FL 32137 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DTR  
BRYANT, RUSSELL  
10 CROSSVIEW LANE  
PALM COAST FL 32137 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Walter McRae*

1/29/07

386-445-4757