

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90033 022 \*\*\*\*61.25

<b>DOCUMENT # 752361</b> 1. Entity Name <b>TRINITY PRESBYTERIAN CHURCH (U.S.A.), INC.</b>					
Principal Place of Business <b>156 FLORIDA PARK DRIVE PALM COAST FL 32137</b>			Mailing Address <b>156 FLORIDA PARK DRIVE PALM COAST FL 32137</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1996675</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MCRAE, WALTER 10 AUGUSTA TRAIL PALM COAST FL 32137</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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. <div style="display: flex; justify-content: space-between;"> <div>           SIGNATURE:   <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> </div> <div style="text-align: right;"> <b>2/6/08</b>  <small>DATE</small> </div> </div>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DTRP MCRAE, WALTER 10 AUGUSTA TRAIL PALM COAST FL 32137	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DTRP Cahill, Robert 16 Whitcock Lane Palm Coast, FL 32164
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DTRS PELLMANN, JANE 45 FREEPORT LANE PALM COAST FL 32137	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DTRS PELLMANN, JANE 45 FREEPORT LANE PALM COAST FL 32137
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DTRT ROBERTS, ROBERT 4 VIA VERONA PALM COAST FL 32137	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DTRT McRae, Walter 10 Augusta Trail Palm Coast, FL 32137
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DTRV TOWNE, JASON 708 COACHMAN'S PLACE ST. AUGUSTINE, FL 32086	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DTRV TOWNE, JASON 708 COACHMAN'S PLACE ST. AUGUSTINE, FL 32086
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <div style="float: right;"> <b>26 FEB 2008</b>  <small>DATE</small> </div>					

ATTACHMENT

TRINITY PRESBYTERIAN CHURCH

40103879  
# 752'361

April 1, 2008



TRINITY

Division of Corporations  
Annual Report section  
P.O. Box 6850  
Tallahassee, FL 32314

Dear Sir or Madame,

On January 14, 2008, the completed form and our check #22386, in the amount of \$61.25, was sent to you. Upon review, we realized that the form was incorrect. I called your office, explained the problem, and requested another form. The enclosed form is now correct.

I would appreciate your replacing the original form sent to you with this form, and noting that you have already received our check for the correct amount. Thank you.

Sincerely,

*Jane Pellmann*  
Jane Pellmann  
Clerk of Session