

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752361

FILED  
Mar 02, 2009  
Secretary of State

**Entity Name:** TRINITY PRESBYTERIAN CHURCH (U.S.A.), INC.

**Current Principal Place of Business:**

156 FLORIDA PARK DRIVE  
PALM COAST, FL 32137

**New Principal Place of Business:**

**Current Mailing Address:**

156 FLORIDA PARK DRIVE  
PALM COAST, FL 32137

**New Mailing Address:**

**FEI Number:** 59-1996675

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCRAE, WALTER  
10 AUGUSTA TRAIL  
PALM COAST, FL 32137 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DTRP ( ) Delete  
Name: CAHILL, ROBERT  
Address: 16 WHITCOCK LANE  
City-St-Zip: PALM COAST, FL 32164

Title: DTRS ( ) Delete  
Name: PELLMANN, JANE  
Address: 45 FREEPORT LANE  
City-St-Zip: PALM COAST, FL 32137

Title: DTRS ( ) Delete  
Name: MCRAE, WALTER  
Address: 10 AUGUSTA TRAIL  
City-St-Zip: PALM COAST, FL 32137

Title: DTRV ( ) Delete  
Name: TOWNE, JASON  
Address: 708 COACHMAN'S PLACE  
City-St-Zip: ST AUGUSTINE, FL 32086

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD W. SIMMONS, FINANCIAL SECRETARY

SECT

03/02/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date