2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2009
Secretary of State

DOCUMENT# 754255

Entity Name: TRINITY EVANGELICAL LUTHERAN CHURCH, INC.

Current Principal Place of Business:

1415 S. MCDUFF AVENUE
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

1415 S MC DUFF AVE
JACKSONVILLE, FL 32205 US

New Mailing Address:

FEI Number: 59-0839566 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STRUBE, MARLENE
8121 GENET DR
JACKSONVILLE, FL 32210 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: TD ( ) Delete
Name: STRUBE, MARLENE
Address: 8121 GENET DR
City-St-Zip: JACKSONVILLE, FL 32210

Title: V ( ) Delete
Name: DAVIS, KEN
Address: 5810 SWAMP FOX RD.
City-St-Zip: JACKSONVILLE, FL 32210

Title: P ( ) Delete
Name: TYSON, DWANE
Address: 2137 HERSCHEL ST
City-St-Zip: JACKSONVILLE, FL 32204

Title: S ( ) Delete
Name: STRASSER, GINI
Address: 4895 WATER OAK LANE
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change ( ) Addition
Name: KEREKGYARTO, LOU
Address: 11884 FORT VALLEY COURT
City-St-Zip: JACKSONVILLE, FL 32220

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: MARLENE STRUBE TD 02/09/2009

Electronic Signature of Signing Officer or Director — Date