

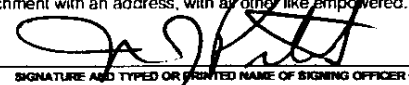


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90093 029 ****61.25

DOCUMENT # 756237 1. Entity Name THE TRINITY EV. LUTHERAN CHURCH OF GREATER DAYTONA, FLORIDA, INC.					
Principal Place of Business 1205 RIDGEWOOD AVENUE HOLLY HILL, FL 32117-2721			Mailing Address 1205 RIDGEWOOD AVENUE HOLLY HILL, FL 32117-2721		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		 01112007 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip			
4. FEI Number 59-0855411				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WETHERELL, CARRI 25 MARJORIE TRAIL ORMOND BEACH, FL 32174			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WETHERELL, CARRIE		NAME		
STREET ADDRESS	25 MARJORIE TRAIL		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP		
TITLE	C		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRANE, RUSSELL		NAME		
STREET ADDRESS	3 PHEASANT LANE		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH, FL 321748417		CITY-ST-ZIP		
TITLE	P		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BARLOW, JAMES		NAME	ROHM, WILLIAM	
STREET ADDRESS	1216 LA PALOMA DRIVE		STREET ADDRESS	3 SUNWOOD TRAIL	
CITY-ST-ZIP	DAYTONA BEACH, FL 32129		CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	T		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PIETRAK, W.J.		NAME		
STREET ADDRESS	2058 JOHN ANDERSON DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH, FL 32176		CITY-ST-ZIP		
TITLE	TR		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WITTENBERG, DONALD C		NAME		
STREET ADDRESS	100 S ST ANDREWS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP		
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			W. J. PIETRAK		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/20/2007 386-255-7580		
			<small>Date Daytime Phone #</small>		