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FILED

Feb 14 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 766575 (5)

1. Corporation Name

TRINITY CHURCH, REFORMED EPISCOPAL, INC.



Principal Place of Business

Mailing Address

2990 RED BUG ROAD  
CASSELBERRY FL 327072990 RED BUG ROAD  
CASSELBERRY FL 32707-5906

3. Date Incorporated or Qualified

01/17/1983

3a. Date of Last Report

02/06/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-2298396

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

MCDONALD, ROBERT  
805 MELODY DRIVE  
CHULUOTA FL 32766

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME MCDONALD, ROBERT  
STREET ADDRESS 805 MELODY DR  
CITY - ST - ZIP CHULUOTA FL 327681.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIPTITLE VD  
NAME ENDRULAT, JEFF  
STREET ADDRESS 1023 WEAVER DR  
CITY - ST - ZIP OVIEDO FL 327652.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIPTITLE TD  
NAME HEATON, HEIDI G  
STREET ADDRESS 353 WEST LAKE FAITH DRIVE  
CITY - ST - ZIP MAITLAND FL3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIPTITLE D  
NAME SWINDLE, ROBERT  
STREET ADDRESS 3104 POPPYSEED CT  
CITY - ST - ZIP ORLANDO FL 328264.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIPTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIPTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Heidi Heaton (HEIDI G HEATON)

B Feb. 97

407-330-1077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0012862

CR2E037 (9/96)