

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 06, 1999 8:00 am  
Secretary of State

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1. Corporation Name

TRINITY CHURCH, REFORMED EPISCOPAL, INC.

Principal Place of Business

2990 RED BUG ROAD  
CASSELBERRY FL 32707

Mailing Address

2990 RED BUG ROAD  
CASSELBERRY FL 32707



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

01/17/1983

4. FEI Number

59-2298396

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

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

EDRIS RIVERA

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

1032 CORKWOOD DR

83

84 City

OVIEDO

FL

85 Zip Code

32826

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD  
MCDONALD, ROBERT  
805 MELODY DR  
CHULUOTA FL 32766

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VD  
ENDRULAT, JEFF  
1023 WEAVER DR  
OVIEDO FL 32765

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

T  
HEATON, HEIDI G  
3037 MOORE DR.  
OVIEDO FL

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D  
SWINDLE, ROBERT  
1900 CORBETT RD  
ORLANDO FL 32826

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

EDRIS RIVERA (PD)  
1032 CORKWOOD DR  
OVIEDO  
FL 32826

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

PD  
ROBERT SWINDLE  
1900 CORBETT RD  
ORLANDO FL 32826

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TREASURER  
TERESA BURNS  
212 TANGELLO AVE  
FERN PARK FL 32730

☒ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

DAVID NETHERY  
641 TERRACE BLVD  
ORLANDO FL 32803

☒ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE REQUIRED EDRIS RIVERA

CR2E037 (11/98)