

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90104 002 ****61.25

DOCUMENT # C10009

1. Entity Name

TRINITY EVANGELICAL LUTHERAN CHURCH OF ST.
PETERSBURG, FLORIDA



Principal Place of Business

401 FIFTH STREET NORTH
ST. PETERSBURG FL 33701

Mailing Address

401 FIFTH STREET NORTH
ST. PETERSBURG FL 33701

40048175



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0638496

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LARSON, STEPHANIE
401 FIFTH STREET NORTH
ST. PETERSBURG FL 33701

Name **MATTHEW REITZ**

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

401 FIFTH STREET NORTH

City **ST PETERSBURG**

FL

Zip Code **33701**

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

Matthew Reitz

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

(NOTE: Registered Agent signature required when reinstating)

3/6/05

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to:
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME NICKERSON, ALAN
STREET ADDRESS 1432 TYRONE BLVD.
CITY-ST-ZIP SAINT PETERSBURG FL 33710

TITLE V ☒ Delete
NAME NAPOLITANO, LISA
STREET ADDRESS 7101 MEADOWLAWN DRIVE
CITY-ST-ZIP SAINT PETERSBURG FL 33702

TITLE T ☐ Delete
NAME MOWRER, HELEN
STREET ADDRESS 4574 34TH AVE NORTH
CITY-ST-ZIP SAINT PETERSBURG FL 33713

TITLE S ☒ Delete
NAME LARSON, STEPHANIE A
STREET ADDRESS 230 17TH AVENUE NE
CITY-ST-ZIP ST. PETERSBURG FL 33704

TITLE T ☒ Delete
NAME MENDZA, WALTER
STREET ADDRESS 3981 COQUINA KEY DR SE
CITY-ST-ZIP SAINT PETERSBURG FL 33705

TITLE S ☒ Delete
NAME PHIPPS, CHARLES
STREET ADDRESS 1240 15TH AVE NORTH
CITY-ST-ZIP SAINT PETERSBURG FL 33704

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Change ☒ Addition
NAME BRIAN ROOKER
STREET ADDRESS 3928 FIRST AVENUE N
CITY-ST-ZIP ST PETERSBURG FL 33713

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Change ☒ Addition
NAME MATTHEW REITZ
STREET ADDRESS 11400 - 4TH STREET N APT 1403
CITY-ST-ZIP ST PETERSBURG FL 33716

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

Alan Nickerson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-822-3307