

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00050

FILED
Jan 07, 2009
Secretary of State

Entity Name: TRINITY LUTHERAN CHURCH OF SEBASTIAN, FLORIDA, INC.

Current Principal Place of Business:

611 SCHUMANN DRIVE
SEBASTIAN, FL 32958

New Principal Place of Business:

Current Mailing Address:

611 SCHUMANN DRIVE
SEBASTIAN, FL 32958

New Mailing Address:

FEI Number: 59-2442969

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LILLEGARD, DAVID
625 ATLANTUS TERRACE
SEBASTIAN, FL 32958 US

Name and Address of New Registered Agent:

LILLEGARD, DAVID T REV
625 ATLANTUS TERRACE
SEBASTIAN, FL 32958 US

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: DAVID LILLEGARD

01/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: JOHNSON, LEONARD
Address: 13035 BAY STREET
City-St-Zip: ROSELAND, FL 32957

Title: TD () Delete
Name: BAKER, HAROLD E
Address: 940 BAREFOOT BLVD
City-St-Zip: SEBASTIAN, FL 32976

Title: T () Delete
Name: GUILLORY, ROBERT
Address: 250 MAIN STREET
City-St-Zip: SEBASTIAN, FL 32958

Title: T () Delete
Name: IRISH, JEFF
Address: 242 FAITH TERR.
City-St-Zip: SEBASTIAN, FL 32958

Title: ST () Delete
Name: HENF, RICHARD
Address: 5235 94TH PLACE
City-St-Zip: SEBASTIAN, FL 32958

Title: VD () Delete
Name: LILLEGARD, GEORGE
Address: 656 ATLANTUS TERRACE
City-St-Zip: SEBASTIAN, FL 32958

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: ST (X) Change () Addition
Name: HENF, RICHARD
Address: 5235 94TH PLACE
City-St-Zip: SEBASTIAN, FL 32958

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: LEONARD JOHNSON

PRES

01/07/2009

Electronic Signature of Signing Officer or Director

Date