


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90987 004 ****61.25

DOCUMENT # N01000001659	
1. Entity Name TRINITY ANGLICAN CHURCH, INC.	

Principal Place of Business 4240 HWY 90 PACE, FL 32571	Mailing Address 4240 HWY 90 PACE, FL 32571
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2. Principal Place of Business 4980 W. SPENCER FIELD RD	3. Mailing Address 4980 W. SPENCER FIELD RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PACE, FL	City & State PACE, FL
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Zip 32571	Country U.S.	Zip 32571	Country U.S.
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02022004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3705048	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ADAMS, MARIE 7024 PINE BLOSSOM ROAD MILTON, FL 32570
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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 <u>Marie Adams</u> MARIE ADAMS, TREASURER 3/31/04
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$81.25 Due by May 1, 2004	9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE <input type="checkbox"/>
D ALLEN, LANA E 6724 ROCKEY SHORES RD MILTON, FL 32583	<input type="checkbox"/>
T ADAMS, MARIE 7024 PINE BLOSSOM RD MILTON, FL 32570	<input type="checkbox"/>
DS BUXTON, ROBERTA 3888-SU- 3888 SUNNY MANOR CIRCLE MILTON, FL 32583	<input type="checkbox"/>
D MANN, SUZANNE 5464 OAK MEADOWS DR MILTON, FL 32570	<input type="checkbox"/>
DP PLEASANT, BOB 4884 SAN MIGUEL ST MILTON, FL 32583	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE <input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHANGE <input type="checkbox"/> ADDITION <input checked="" type="checkbox"/>
D McCOWN, JOSEPH M. 2824 LOGAN DR. PENSACOLA, FL 32503	<input type="checkbox"/>
D MITCHELL, VIRGINIA 5804 ANTHONY CIRCLE MILTON, FL 32570	<input type="checkbox"/>
D TOMPKINS, BILL 5501 SUNKIST CIRCLE PACE, FL 32571	<input type="checkbox"/>
DP MANN, SUZANNE	<input checked="" type="checkbox"/> <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHANGE <input type="checkbox"/> ADDITION <input type="checkbox"/>

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: <u>Marie Adams</u> MARIE ADAMS 3/31/04 850/481-9526
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>