

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000001659**

1. Entity Name  
**TRINITY ANGLICAN CHURCH, INC.**



Principal Place of Business  
**4980 W SPENCER FIELD RD.  
PACE, FL 32571**

Mailing Address  
**4980 W SPENCER FIELD RD.  
PACE, FL 32571**



04192005 No Chg-NP CR2ED37 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3705048**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**ADAMS, MARIE  
7024 PINE BLOSSOM ROAD  
MILTON, FL 32570**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	ALLEN, LANA E
STREET ADDRESS	6724 ROCKEY SHORES RD
CITY-ST-ZIP	MILTON, FL 32583
TITLE	T
NAME	ADAMS, MARIE
STREET ADDRESS	7024 PINE BLOSSOM RD
CITY-ST-ZIP	MILTON, FL 32570
TITLE	DS
NAME	BUXTON, ROBERTA 3898 SU
STREET ADDRESS	3898 SUNNY MANOR CIRCLE
CITY-ST-ZIP	MILTON, FL 32583
TITLE	D
NAME	MANN, SUZANNE
STREET ADDRESS	5464 OAK MEADOWS DR
CITY-ST-ZIP	MILTON, FL 32570
TITLE	D
NAME	MCCOWN, JOSEPH M
STREET ADDRESS	2824 LOGAN DRIVE
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	D
NAME	MITCHELL, VIRGINIA
STREET ADDRESS	5804 ANTHONY CIR
CITY-ST-ZIP	MILTON, FL 32570

U00000323386  
04/22/05-80050-019 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:** *Marie Adams* **MARIE ADAMS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/19/05*

DATE

*850-981-9526*

Daytime Phone #