2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 28, 2008 8:00 am Secretary of State

DOCUMENT # N0100001659 1. Entity Name TRINITY ANGLICAN CHURCH, INC.				01	1-28-2008 90	0053 018 ****61	.25	
Principal Place of Business 4980 W SPENCER FIELD RD. PACE, FL 32571		Mailing Address 4980 W SPENCER FIELD PACE, FL 32571	RD.					
		T						
Principal Place of Business - No P.O. Box #		3. Mailing Address			 	1611 6141 HILL 1411 1111 1111 1		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01162008 C	hg-NP	CR2E037 (12/06)		
City & State		City & State		4. FEI Number 59-370504	18		oplied For	
Zip	Country	Zip	Country	5. Certificate of S	tatus Desired	S8.75 Add	ditional	
	6. Name and Address of Curren	t Registered Agent		7. Name and Add	fress of New Re	<u> </u>		
Adams, Marie			Name R	Name Rosser, Patricia				
Adams, Marie 7024 Pine Blossom Rd.			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
	n, FL 32570	•	3	<u>097 Waterv</u>	riew Dr			
	***		83		_	T = 0		
			City M:	ilton, FL Zip Code 32583				
	named entity submits this statement fi ions of registered agent.	or the purpose of changing its re	egistered office or regis	stered agent, or both, in	the State of Flori	ida. I am familiar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered ager	NOTE I	Dogustared Agent singeture regu					
l	authorities, typed of printed frame of registered ages	tal o the happineable. (NOTE)	negistered Agent signature requ	uired when reinstating)		DATE		
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	Floric	ke check payable to la Department of S	tate .	
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND D	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	Florid	ke check payable to la Department of S	tate	
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12. I nereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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: .

CHAPTER AND TYPES OF BRINTED NAME OF SIGNING OFFICER OF DISP

≤uzanne D. Mani

1/23/08 626-850