

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01-28-2008 90053 018 \*\*\*\*61.25

<b>DOCUMENT # N01000001659</b> 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		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State  Zip Country			City & State  Zip Country		
4. FEI Number 59-3705048				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b> Adams, Marie 7024 Pine Blossom Rd. Milton, FL 32570			<b>7. Name and Address of New Registered Agent</b> Name: Rosser, Patricia Street Address (P.O. Box Number is Not Acceptable): 3097 Waterview Dr City: Milton, FL Zip Code: 32583		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T- ROSSER, PATRICIA 3097 WATERVIEW DR MILTON, FL 32583	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, MARIE 7024 PINE BLOSSOM RD MILTON, FL 32570	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEANS, JONATHAN 4931 FOREST CREEK DR MILTON, FL 32571	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MANN, SUZANNE 5464 OAK MEADOWS DR MILTON, FL 32570	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSSER, DAVID 3097 WATERVIEW DR MILTON, FL 32583	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, VIRGINIA 5804 ANTHONY CIR MILTON, FL 32570	<input type="checkbox"/> Delete			
12. I hereby 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 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.					
<b>SIGNATURE:</b> <u>Suzanne D. Mann</u> <b>Suzanne D. Mann</b> 1/23/08 626-8507 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					