

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001659

FILED
Apr 06, 2009
Secretary of State

Entity Name: TRINITY ANGLICAN CHURCH, INC.

Current Principal Place of Business:

4980 W SPENCER FIELD RD.
PACE, FL 32571

New Principal Place of Business:

Current Mailing Address:

4980 W SPENCER FIELD RD.
PACE, FL 32571

New Mailing Address:

FEI Number: 59-3705048

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSSER, PATRICIA
3097 WATERVIEW DR
MILTON, FL 32583 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: ROSSER, PATRICIA
Address: 3097 WATERVIEW DR
City-St-Zip: MILTON, FL 32583

Title: D () Delete
Name: ADAMS, MARIE
Address: 7024 PINE BLOSSOM RD
City-St-Zip: MILTON, FL 32570

Title: D () Delete
Name: MEANS, JONATHAN
Address: 4931 FOREST CREEK DR
City-St-Zip: MILTON, FL 32571

Title: SD () Delete
Name: MANN, SUZANNE
Address: 5464 OAK MEADOWS DR
City-St-Zip: MILTON, FL 32570

Title: D () Delete
Name: ROSSER, DAVID
Address: 3097 WATERVIEW DR
City-St-Zip: MILTON, FL 32583

Title: D () Delete
Name: MITCHELL, VIRGINIA
Address: 5804 ANTHONY CIR
City-St-Zip: MILTON, FL 32570

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: LAWSON, PRISCILLA
Address: 4014 OVERLOOK CIRCLE
City-St-Zip: MILTON, FL 32571

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

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

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: PRISCILLA LAWSON

D

04/06/2009

Electronic Signature of Signing Officer or Director

Date