

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05146

FILED
Apr 16, 2008
Secretary of State

Entity Name: TRINITY CHAPEL MENNONITE, INC.

Current Principal Place of Business:

1951 DORA AVENUE
C/O SHARLA HERSHBERGER
TAVARES, FL 32778 US

New Principal Place of Business:

1951 DORA AVENUE
TAVARES, FL 32778 US

Current Mailing Address:

1951 DORA AVENUE
C/O SHARLA HERSHBERGER
TAVARES, FL 32778 US

New Mailing Address:

1951 DORA AVENUE
TAVARES, FL 32778 US

FEI Number: 59-2536830

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHARLA, HERSHBERGER
2000 CHERRY LANE
MT DORA, FL 32757 US

Name and Address of New Registered Agent:

SCHROCK, MARGARET
31425 ANDERSON DRIVE
TAVARES, FL 32778 US

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: MARGARET SCHROCK

04/16/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GINGERICH, DELTON D
Address: 402 BLUEBERRY CT
City-St-Zip: EUSTIS, FL 32726

Title: D () Delete
Name: HERSHBERGER, SHARLA
Address: 2000 CHERRY LANE
City-St-Zip: MOUNT DORA, FL 32757

Title: VD () Delete
Name: GINGERICH, MAURICE R
Address: 41010 EMERALDA ISLAND RD
City-St-Zip: LEESBURG, FL 34788

Title: T (X) Delete
Name: LUCKHURST, DEBI
Address: 3961 HILLINGDON DRIVE
City-St-Zip: TAVARES, FL 32778

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: SCHROCK, MARGARET
Address: 31425 ANDERSON DRIVE
City-St-Zip: TAVARES, FL 32778

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: MARGARET SCHROCK

D

04/16/2008

Electronic Signature of Signing Officer or Director

Date