

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05146

FILED  
Feb 19, 2009  
Secretary of State

Entity Name: TRINITY CHAPEL MENNONITE, INC.

**Current Principal Place of Business:**

1951 DORA AVENUE  
TAVARES, FL 32778 US

**New Principal Place of Business:**

**Current Mailing Address:**

1951 DORA AVENUE  
TAVARES, FL 32778 US

**New Mailing Address:**

FEI Number: 59-2536830      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHROCK, MARGARET  
31425 ANDERSON DRIVE  
TAVARES, FL 32778 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: PD ( ) Delete  
Name: GINGERICH, DELTON D  
Address: 402 BLUEBERRY CT  
City-St-Zip: EUSTIS, FL 32726

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

02/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date