

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002672

FILED
Aug 03, 2007
Secretary of State

Entity Name: TRINITY CHRISTIAN FELLOWSHIP OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

1873 VALLEY RIDGE LOOP
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

P O BOX 784024
WINTER GARDEN, FL 34778

New Mailing Address:

FEI Number: 20-4424494 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SLOAN, NYKOWANNA H
1873 VALLEY RIDGE LOOP
CLERMONT, FL 34711 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SLOAN, LAWRENCE P
Address: 1873 VALLEY RIDGE LOOP
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: SLOAN, NYKOWANNA H
Address: 1873 VALLEY RIDGE LOOP
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: JOHNSON, MARK
Address: 1873 VALLEY RIDGE LOOP
City-St-Zip: CLERMONT, FL 34711

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

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: JOHNSON, MARK
Address: 164 CLEAR LAKE DRIVE
City-St-Zip: ENGLEWOOD, FL 34223

Title: D () Change (X) Addition
Name: MCKNIGHT, NATHANIEL
Address: 401 HICKORY AVE.
City-St-Zip: BROKEN ARROW, OK 74012

Title: D () Change (X) Addition
Name: BUSH, DAVE
Address: 4401 EAST COLONIAL DRIVE
City-St-Zip: ORLANDO, FL 32803

Title: D () Change (X) Addition
Name: BENNETT, KENNETH
Address: 5183 TALLOWWOOD CT.
City-St-Zip: ORLANDO, FL 32808

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: NYKOWANNA H. SLOAN

D

08/03/2007

Electronic Signature of Signing Officer or Director

Date