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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 4:12

DOCUMENT # N07395 (9)

1. Corporation Name

TRINITY EVANGELICAL LUTHERAN CHURCH OF NEW SMYRNA BEACH, INC.

Principal Place of Business	Mailing Address
485 TURNBULL BAY ROAD NEW SMYRNA BEACH FL 32168-3234	485 TURNBULL BAY ROAD NEW SMYRNA BEACH FL 32168-3234

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/31/1985
3a. Date of Last Report: 01/28/1994
4. FEI Number: 59-2332805 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HAUGHWOUT, ROBERT E
2513 ROYAL PALM DR
EDGEWATER FL 32141

10. Name and Address of New Registered Agent

81 Name: TREBUS, LOUIS R.
82 Street Address (P.O. Box Number is Not Acceptable): 2525 GLENWOOD
83
84 City: EDGEWATER FL 85 Zip Code: 32141

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	HAUGHWOUT, ROBERT	1.2 NAME	SIGLER, HUGH
STREET ADDRESS	2513 ROYAL PALM DR	1.3 STREET ADDRESS	105 TENTH STREET
CITY-ST-ZIP	EDGEWATER FL	1.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL. 32168
TITLE	VD	2.1 TITLE	VD ☒ Change ☐ Addition
NAME	CLAUSEN, JOAN	2.2 NAME	SMITH, ROBERT, M.D.
STREET ADDRESS	32 SPRINGWOOD SQ	2.3 STREET ADDRESS	712 PINE SHORES CIRCLE
CITY-ST-ZIP	PORT ORANGE FL	2.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL. 32168
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	POHL, JEAN	3.2 NAME	
STREET ADDRESS	2914 SABAL PALM DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	TD ☒ Change ☐ Addition
NAME	ROE, GAIL L.	4.2 NAME	TEEHAN, KAREN J.
STREET ADDRESS	1015 CLERMONT ST.	4.3 STREET ADDRESS	2421 LYDIA WAY
CITY-ST-ZIP	NEW SMYRNA BCH FL	4.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL. 32168
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Karen J. Teehan Karen J. Teehan 1-31-95 904 428-4307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0024129