FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

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

3. Date Incorporated or Qualified: **01/31/1985**
3a. Date of Last Report: **02/07/1995**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TREBUS, LOUIS R
2525 GLENWOOD
EDGEWATER FL 32141

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	SIGLER, HUGH		12 NAME		
STREET ADDRESS	105 TENTH STREET		13 STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH FL		14 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	SMITH, ROBERT MD		22 NAME		
STREET ADDRESS	712 PINE SHORES CIRCLE		23 STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH FL		24 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	31 TITLE	SD	☒ Change ☐ Addition
NAME	POHL, JEAN		32 NAME	POHL, JEAN	
STREET ADDRESS	~~2914 CABAL PALM DR~~		33 STREET ADDRESS	2729 ROYAL PALM DR	
CITY-ST-ZIP	EDGEWATER FL		34 CITY-ST-ZIP	EDGEWATER FL 32141	
TITLE	TD	☐ DELETE	41 TITLE	TD	☒ Change ☐ Addition
NAME	TEEHAN, KAREN J		42 NAME	ROE, GAIL L.	
STREET ADDRESS	2421 LYDIA WAY		43 STREET ADDRESS	1510 SHADOW PINES DRIVE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL		44 CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E037 (12/95)

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: Hugh Sigler HUGH SIGLER 2/13/96 904 428-4307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #