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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

N07395

(9)

TRINITY EVANGELICAL LUTHERAN CHURCH OF NEW SMYRN A BEACH, INC.

Principal Place of Business Mailing Address														
485 TURNBULL BAY ROAD 485 TURNBULL BAY ROAD NEW SMYRNA BEACH FL 32168-3234 NEW SMYRNA BEACH FL 32						168-3234			3. Date incorporated or Qualified 01/31/1985					
1								4	4. FEI Number				- , ,	plied For
									<u>59-23328</u> ()5			Not	t Applicable
2. Principal Place of Business 21				2a. Mailing Address 26				5	5. Certificate of Status Desired See Required Fee Required					
Suite, Apt. #, etc.				Suite, Apt. #, etc.				1 6	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
City & State				City & State					7. Is this nonprofit corporation a homeowners association?					
23				28				ľ	,	•	Yes Yes	No.		
Zip	Zip Country			Zip Country			E	3. This corporation	owes or has	paid the c	urrent yea			
24				9 30				Personal Propert			☐ Yes	2	No	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registe					Registered	i Agent		
						81	Name							
TREBUS, LOUIS R 2525 GLENWOOD							Street Ad	Address (P.O. Box Number is Not Acceptable)						
	ATER FL 32	2141												
					ŀ	84	City				FI	85	Zip C	Code
11. Pursuant office or a agent. I a	to the provis registered ag am familiar wi	ions of Sections 617.05 lent, or both, in the Stat th, and accept the obili	02 and 6 e of Florio gations o	17.1508, Florida Ŝtatul da. Such change was f, Section 617.0503, Fl	tes, the ab authorized orida Stati	ove by utes	e-named c the corpo	corporati oration's	ion submits this sta board of directors,	tement for the 1 hereby acc	e purpose cept the ap	of changli pointmen	ng its t as r	registered registered
SIGNATURE														
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re														
	Signature, typed					Age	int signature re	equired wh	nen reinstating)		DAYE		TO 00	20140
12.	,	or printed name of registered ag OFFICERS At		CTORS	13.				en reinstaling) ADDITIONS/CHAN	IGES TO OFF				
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

DEVERTIBLE REGULEROE

1/6/98 904 42

FILED

Jan 27 1998 8:00am

Secretary of State

904 428-4307