DOCUMENT # N07395

1. Entity Name

TRINITY EVANGELICAL LUTHERAN CHURCH OF NEW SMYRN

FILED
Jan 14, 2000 8:00 am
Secretary of State
01-14-2000 90014 006 ****61.25

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
485 TURNBULL BAY ROAD NEW SMYRNA BEACH FL 32168-3234	485 TURNBULL BAY ROAD NEW SMYRNA BEACH FL 32168-6234

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2332805 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TREBUS, LOUIS R 2525 GLENWOOD EDGEWATER FL 32141	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD YODER, HENRY F 3317 TAMARIND DRIVE EDGEWATER FL 32141	☒ Delete	PD BURT, RICHARD 1807 N. PENINSULA AVE. NEW SMYRNA BEACH FL 32169	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MARQUIS, NORMAN 436 BOUCHELLE DR NEW SMYRNA BEACH FL 32169	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WILLIAMS, NINA M 1771 PERSIMMON CIRCLE EDGEWATER FL 32152	☒ Delete	SD ERICKSON, KATHY 535 LA PLAYA EDGEWATER FL 32141	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HAMMER, JEAN M 503 HALYARD CIRCLE EDGEWATER FL 32141	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jean M Hammer SIGNATURE REQUIRED Jean M. Hammer 01/06/00 904-426-1460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #