

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90180 032 ****61.25

DOCUMENT # N07395

1. Entity Name

TRINITY EVANGELICAL LUTHERAN CHURCH OF NEW SMYRN

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2332805

Applied For

Not Applicable

Zip

Country

Zip

Country

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 **PD** ☐ Delete
 NAME **TRICHARD, BURT**
 STREET ADDRESS **1807 N. PENINSULA AVE**
 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

TITLE **VD** ☒ Change ☐ Addition
 NAME **RICHARD BURT**
 STREET ADDRESS **1807 N. Peninsula**
 CITY-ST-ZIP **New Smyrna Beach, FL 32169**

TITLE **VD** ☒ Delete
 NAME **MARQUIS, NORMAN**
 STREET ADDRESS **436 BOUCHELLE DR**
 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

TITLE **PD** ☐ Change ☒ Addition
 NAME **Jim Zacha**
 STREET ADDRESS **329 Sweet Bay**
 CITY-ST-ZIP **New Smyrna Beach, FL 32168**

TITLE **SD** ☒ Delete
 NAME **ERICKSON, KATHY**
 STREET ADDRESS **535 LAPLAYA**
 CITY-ST-ZIP **EDGEWATER FL 32141**

TITLE **SD** ☐ Change ☒ Addition
 NAME **Joan Doyle**
 STREET ADDRESS **696 Middlebury Loop**
 CITY-ST-ZIP **New Smyrna Beach, FL 32168**

TITLE **TD** ☒ Delete
 NAME **HAMMER, JEAN M**
 STREET ADDRESS **503 HALYARD CIRCLE**
 CITY-ST-ZIP **EDGEWATER FL 32141**

TITLE **TD** ☐ Change ☒ Addition
 NAME **Robert Gross**
 STREET ADDRESS **2809 Silver Palm Drive**
 CITY-ST-ZIP **EDGEWATER, FL 32141**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/01 9:04 428-4307

CR2E037 (10/00)