

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2002 8:00 am
Secretary of State

03-04-2002 90008 038 ****61.25

DOCUMENT # N07395

1. Entity Name

**TRINITY EVANGELICAL LUTHERAN CHURCH OF NEW SMYRNA
A 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**

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**



DO NOT WRITE IN THIS SPACE

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 **BAKER, Richard L.**
Street Address (P.O. Box Number is Not Acceptable)
485 Turnbull Bay Road
City **New Smyrna Beach** FL Zip Code **32168**

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

2-13-02

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

TITLE **VD** ☐ Change ☒ Addition
NAME **Dick Deyber**
STREET ADDRESS **6408 Longlake Drive**
CITY-ST-ZIP **Port, Orange, FL 32128**

TITLE **SD** ☐ Delete
NAME **DOYLE, JOAN**
STREET ADDRESS **696 MIDDLEBURY LOOP**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE **TD** ☒ Change ☐ Addition
NAME **Doyle, Joan**
STREET ADDRESS **same**
CITY-ST-ZIP **same**

TITLE **TD** ☐ Delete
NAME **GROSS, ROBERT**
STREET ADDRESS **2809 SILVER PALM DRIVE**
CITY-ST-ZIP **EDGEWATER FL 32141**

TITLE **PD** ☒ Change ☐ Addition
NAME **Gross, Robert**
STREET ADDRESS **same**
CITY-ST-ZIP **same**

TITLE **PD** ☒ Delete
NAME **ZACHA, JIM**
STREET ADDRESS **329 SWEET BAY**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE **SD** ☐ Change ☒ Addition
NAME **MARY MATHEWS**
STREET ADDRESS **6 Lee 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

2-14-02

386-428-4307

Date

Daytime Phone #

CR2E037 (9/01)