2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State
02-21-2005 90074 044 ****61.25

DOCUMENT # N07395

1. Entity Name
TRINITY EVANGELICAL LUTHERAN CHURCH OF NEW SMYRNA BEACH, INC.

20013857

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

02072005 Chg-NP CR2E037 (10/03)

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
BAUKNECHT, FRED 485 TURNBULL BAY RD NEW SMYRNA BEACH, FL 32168	Name Karen Teehan Street Address (P.O. Box Number is Not Acceptable) 485 Turnbull Bay Rd. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DOYLE, JOAN 696 MIDDLEBURY LOOP NEW SMYRNA BEACH, FL 32168	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Karen Teehan 200 S. Riverside Dr. #201 New Smyrna Beach, FL 32168	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MARQUIS, NORM 2701 TURNBULL ESTATES DRIVE NEW SMYRNA BEACH, FL 32168	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DEYBER, DICK 6408 LONGLAKE DRIVE PORT ORANGE, FL 32128	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BAUKNECHT, FRED 39 LAKE FAIRGREEN CIRCLE NEW SMYRNA BEACH, FL 32168	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Dave Faller 2752 Turnbull Estates Drive New Smyrna Beach, FL 32168	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: Karen Teehan 2-17-05 (386) 428-4307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #