2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State
02-01-2007 90035 031 ****61.25

DOCUMENT # N09137

1. Entity Name
TRINITY PRESBYTERIAN CHURCH FOUNDATION, INC.

Principal Place of Business	Mailing Address
2001 RAINBOW DRIVE CLEARWATER, FL 33765 US	2001 RAINBOW DRIVE CLEARWATER, FL 33765 US

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01132007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2528671 ☐ 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
GEORGE, CHARLES D., ESQ. GEORGE & PAYANT, P.A. 2349 SUNSET POINT RD, STE 401 CLEARWATER, FL 33765	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, type 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, 2007

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	D KRATZ, JUDI 3148 BRUNSWICK CIRCLE PALM HARBOR, FL 34684	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C D REGUSKI, LEE 1045 CHINABERRY RD CLEARWATER, FL 33764	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BADER, JAMES 1666 LONG BOW LANE CLEARWATER, FL 33764	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LARSON, SHARON 1583 BELLEAIR LANE CLEARWATER, FL 33764	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT WOOLSEY, WARREN 2291 GULF BAY BLVD CLEARWATER, FL 33765	☐ Delete ☒ CHANGE	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARNETT, JOYCE 1618 KILWINNING CT. PALM HARBOR, FL 34684	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BRYAN, EDWARD 2309 GROVEWOOD ROAD CLEARWATER, FL 33764	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RUSSELL, BRIAN 711 FOREST GLEN ROAD CLEARWATER, FL 33765	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MACLAREN, PAUL 2263 CLAIBERNE DR. CLEARWATER, FL 33764	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BERKLER, J.D 813 SEVARD AVE. CLEARWATER, FL 33764	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BANKS, EDIE 2086 ARMONK DR. CLEARWATER, FL 33764	☐ Delete ☒ ADDITION	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 exemptions contained in Chapter 119, 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: _____ 1/26/07 727-531-4259
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CHAIRMAN