FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N10233** **(7)**

1. Corporation Name

TRINITY EVANGELICAL PRESBYTERIAN CHURCH, INC.

Principal Place of Business	Mailing Address
5150 OLEANDER AVENUE FT PIERCE FL 34982	5150 OLEANDER AVENUE FT PIERCE FL 34982

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/06/1985**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **65-0018222** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

THOMAS, JEFFREY G.
809 PARKWAY DRIVE
FT PIERCE FL 34950

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (DATE)
(signature (typed or printed name of registered agent and title if applicable) (DATE) (Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	RANKIN, DAVID	12 NAME	
STREET ADDRESS	3605 COTTONWOOD DR	13 STREET ADDRESS	
CITY ST ZIP	FORT PIERCE FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	LEE, DAVENPORT	22 NAME	D KIM HEFFELFINGER
STREET ADDRESS	338 NE GREENBRRIER AV	23 STREET ADDRESS	2195 NE CHESTNUT CT
CITY ST ZIP	PT ST LUCIE FL	24 CITY ST ZIP	JENSEN BEACH, FL 34957
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	OOSTDYK, MIKE	32 NAME	
STREET ADDRESS	1803 HAZELWOOD DR	33 STREET ADDRESS	
CITY ST ZIP	FT. PIERCE FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☒ Change ☐ Addition
NAME	FROHLICH, PETER	42 NAME	D REX PIKE
STREET ADDRESS	2111 DADE RD	43 STREET ADDRESS	9818 SUNSET BLVD
CITY ST ZIP	FT PIERCE FL	44 CITY ST ZIP	FORT PIERCE, FL 34982
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	MCDERMID, JOHN	52 NAME	
STREET ADDRESS	1348 SW COTTONWOOD COVE	53 STREET ADDRESS	
CITY ST ZIP	PORT ST LUCIE FL	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	DRAWDY, PHIL	62 NAME	
STREET ADDRESS	10826 MIDWAY RD K1	63 STREET ADDRESS	
CITY ST ZIP	FT PIERCE FL	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Heffelfinger L.K. Heffelfinger 29 April, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)
(407) 468-4130

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