

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **N10233** (7)  
1. Corporation Name  
**TRINITY EVANGELICAL PRESBYTERIAN CHURCH, INC.**



Principal Place of Business  
**5150 OLEANDER AVENUE  
FT PIERCE FL 34982**

Mailing Address  
**5150 OLEANDER AVENUE  
FT PIERCE FL 34982**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/06/1985</b>		3a. Date of Last Report <b>05/01/1995</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>65-0018222</b>		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>THOMAS, JEFFREY G. 809 PARKWAY DRIVE FT PIERCE FL 34950</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City <b>FL</b> 85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE		Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS							
TITLE	D	RANKIN, DAVID		<input checked="" type="checkbox"/> DELETE			
NAME		3605 COTTONWOOD DR					
STREET ADDRESS		FORT PIERCE FL					
CITY - ST - ZIP							
TITLE	D	HEFFELFINGER, KIM		<input type="checkbox"/> DELETE			
NAME		2195 NE CHESTNUT CT					
STREET ADDRESS		JENSEN BEACH FL					
CITY - ST - ZIP							
TITLE	D	OOSTDYK, MIKE		<input checked="" type="checkbox"/> DELETE			
NAME		1803 HAZELWOOD DR					
STREET ADDRESS		FT. PIERCE FL					
CITY - ST - ZIP							
TITLE	D	PIKE, REX		<input type="checkbox"/> DELETE			
NAME		4818 SUNSET BLVD					
STREET ADDRESS		FT PIERCE FL					
CITY - ST - ZIP							
TITLE	D	MCDERMID, JOHN		<input type="checkbox"/> DELETE			
NAME		1348 SW COTTONWOOD COVE					
STREET ADDRESS		PORT ST LUCIE FL					
CITY - ST - ZIP							
TITLE	D	DRAWDY, PHIL		<input checked="" type="checkbox"/> DELETE			
NAME		10826 MIDWAY RD K1					
STREET ADDRESS		FT PIERCE FL					
CITY - ST - ZIP							
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
1.1 TITLE		D		CONSTANCE JENNINGS		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
1.2 NAME				611 PALM BEACH RD			
1.3 STREET ADDRESS				STUART, FL 34994			
1.4 CITY - ST - ZIP						<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.1 TITLE						<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME							
2.3 STREET ADDRESS							
2.4 CITY - ST - ZIP							
3.1 TITLE		D		LARRY MCFARLANE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
3.2 NAME				620 RIO VISTA DR			
3.3 STREET ADDRESS				FT PIERCE, FL 34482			
3.4 CITY - ST - ZIP						<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.1 TITLE						<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME							
4.3 STREET ADDRESS							
4.4 CITY - ST - ZIP							
5.1 TITLE						<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME							
5.3 STREET ADDRESS							
5.4 CITY - ST - ZIP							
6.1 TITLE		D		JEFF THOMAS		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
6.2 NAME				809 PARKWAY DR			
6.3 STREET ADDRESS				FT PIERCE FL 34950			
6.4 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)(k), 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 change, or on an attachment with an address.

SIGNATURE: *Constance R Jennings* 8/1/96 561-226-7466  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**CONSTANCE R JENNINGS**  
0015963

CR2E037 (3/96)