


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90144 001 ****61.25

0074992

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # N10233

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
21	26	06/06/1985
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0018222
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Zip	5. Certificate of Status Desired <input type="checkbox"/>
Country	Country	\$8.75 Additional Fee Required
24	29	6. Election Campaign Financing
25	30	Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENNINGS, CONSTANCE	1.2 NAME	
STREET ADDRESS	611 PALM BEACH DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAHN, LYNN	2.2 NAME	
STREET ADDRESS	1017 SHAKESPEARE AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PT ST LUCIE FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MC FARLANE, LARRY	3.2 NAME	
STREET ADDRESS	620 RIO VISTA DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, WILMA	4.2 NAME	
STREET ADDRESS	784 NW PLACID AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS, JEFF	5.2 NAME	DIRECTOR
STREET ADDRESS	809 PARKWAY DRIVE	5.3 STREET ADDRESS	DAVID BICE
CITY-ST-ZIP	FT. PIERCE FL	5.4 CITY-ST-ZIP	2803 GROVE DR
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	FORT PIERCE, FL 34981
NAME	MESLIN, ERIC	6.2 NAME	
STREET ADDRESS	757 SE EVERGREEN TERR	6.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

CONSTANCE R JENNINGS 3/24/99 (561)286-7466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)