2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# N10233

Entity Name: TRINITY EVANGELICAL PRESBYTERIAN CHURCH, INC.

Current Principal Place of Business:

5150 OLEANDER AVENUE
FT PIERCE, FL 34982

New Principal Place of Business:

Current Mailing Address:

5150 OLEANDER AVENUE
FT PIERCE, FL 34982

New Mailing Address:

FEI Number: 65-0018222 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: JENNINGS, CONSTANCE
Address: 611 PALM BEACH DRIVE
City-St-Zip: STUART, FL

Title: D ( ) Delete
Name: SHIRA, DAVID
Address: 2032 SW JUDITH AVENUE
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: D ( ) Delete
Name: HILL, WILMA
Address: 6960 NW HARTNEY WAY
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: D ( ) Delete
Name: BICE, DAVID
Address: 2803 GROVE DR
City-St-Zip: FT. PIERCE, FL

Title: D ( ) Delete
Name: PULS, BILL
Address: 1166 SW E LEUTHRA AVENUE
City-St-Zip: PORT SAINT LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: THOMAS, JEFFREY
Address: 2949 EDWARDS RD
City-St-Zip: FORT PIERCE, FL 34981

Title: D (X) Change ( ) Addition
Name: HAHN, LYNN
Address: 1017 SHAKESPEARE AVE
City-St-Zip: PORT ST LUCIE, FL 34983

Title: D (X) Change ( ) Addition
Name: PIKE, REXFORD C
Address: 1231-D SOUTH LAKES END DRIVE
City-St-Zip: FORT PIERCE, FL 34982

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONSTANCE R JENNINGS D 04/29/2004

Electronic Signature of Signing Officer or Director — Date