

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90236 024 \*\*\*\*61.25

**DOCUMENT # N10233**  
 1. Entity 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

Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent

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

40090527



01092006 Chg-NP CR2E037 (11/05)

4. FEI Number  
 65-0018222

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name **CONSTANCE R JENNINGS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**611 PALM BEACH RD**  
 City **STUART** FL Zip Code **34994**

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 Constance R Jennings DATE 4/26/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2006**

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**

TITLE	D	<input type="checkbox"/> Delete
NAME	JENNINGS, CONSTANCE	
STREET ADDRESS	611 PALM BEACH DRIVE	
CITY-ST-ZIP	STUART, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHIRA, DAVID	
STREET ADDRESS	2032 SW JUDITH AVENUE	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34953	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, JEFFREY	
STREET ADDRESS	2949 EDWARDS RD	
CITY-ST-ZIP	FORT PIERCE, FL 34981	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAHN, LYNN	
STREET ADDRESS	1017 SHAKESPEARE AVE	
CITY-ST-ZIP	PORT ST LUCIE, FL 34983	
TITLE	D	<input type="checkbox"/> Delete
NAME	PIKE, REXFORD C	
STREET ADDRESS	1231-D SOUTH LAKES END DRIVE	
CITY-ST-ZIP	FORT PIERCE, FL 34982	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, BILL	
STREET ADDRESS	420-D SANDPIPER DR	
CITY-ST-ZIP	FT PIERCE FL 34982	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Constance R Jennings DATE 4/26/06 DAYTIME PHONE # 772-286-7466  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #