

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16652

FILED
Apr 27, 2006
Secretary of State

Entity Name: TRINITY PRESBYTERIAN CHURCH OF KEY WEST, INC.

Current Principal Place of Business:

717 SIMONTON STREET
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

PO BOX 6471
KEY WEST, FL 33041

New Mailing Address:

FEI Number: 22-2087725 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETIT, CAGLE A
818 ELIZABETH STREET
4
KEY WEST, FL 33040 US

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: LOPEZ, MICHELE
Address: 386 BALIDO STREET
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: SANDS, SHELLY A.
Address: 508 SOUTHARD STREET, #201
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: WEED, AUWINA S
Address: PO BOX 826 (629 CAROLINE ST. APT. 5)
City-St-Zip: KEY WEST, FL 33041

Title: D () Delete
Name: BAKER, ABRAHAM
Address: E-49 12TH AVENUE
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: LOPEZ, GREGORY S
Address: D-42 11TH AVENUE
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: MCLEOD, LINDA R
Address: 1649 APT. 3, ELLSBERG CT.
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: YOUNG, ROSALIE
Address: 716 CHAPMAN LANE
City-St-Zip: KEY WEST, FL 33040

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: LINDA R. MCCLEOD

D

04/27/2006

Electronic Signature of Signing Officer or Director

_____ Date