

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16652

FILED  
May 06, 2007  
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 (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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: YOUNG, ROSALIE  
Address: 716 CHAPMAN LANE  
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: D (X) Change ( ) Addition  
Name: SANDS, SHELLY A  
Address: 800 EMMA STREET, APT. #417  
City-St-Zip: KEY WEST, FL 33040

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

I hereby certify that the information supplied with this filing does not qualify 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: SHELLY A. SANDS

D

05/06/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date