

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16652

FILED
Apr 26, 2012
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:

PO BOX 6471
KEY WEST, FL 33041-647

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
Name: SANDS, SHELLY A
Address: 115-A TRUMAN AVE
City-St-Zip: KEY WEST, FL 33040

Title: D
Name: POITIER, TEDRA
Address: 820 JOHNSON LANE
City-St-Zip: KEY WEST, FL 33040

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

Title: D
Name: KNOWLES, PATRICIA A
Address: 813 SHAVERS LANE
City-St-Zip: KEY WEST, FL 33040

Title: D
Name: STEVENS, COLBY
Address: 2693 N. ROOSEVELT BLVD., #5
City-St-Zip: KEY WEST, FL 33040

Title: D
Name: MAGBY, HAYWARD L
Address: 717 SIMONTON ST.
City-St-Zip: KEY WEST, FL 33040

I hereby 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 all other like empowered.

SIGNATURE: SHELLY A. SANDS

D

04/26/2012

Electronic Signature of Signing Officer or Director

Date