

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40981

FILED
Jan 28, 2009
Secretary of State

Entity Name: TRINITY PRESBYTERIAN CHURCH OF PENSACOLA, INC.

Current Principal Place of Business:

3400 BAYOU BLVD.
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

3400 BAYOU BLVD.
PENSACOLA, FL 32503

New Mailing Address:

FEI Number: 59-6032404

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BEALL, CHARLES
220 W. GARDENS ST.
PENSACOLA, FL 32501 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: PD () Delete
Name: HAMILTON, WILLIAM H
Address: 3400 BAYOU BLVD.
City-St-Zip: PENSACOLA, FL 32503

Title: D () Delete
Name: NICKINSON, TED
Address: 1960 SEVILLE DRIVE
City-St-Zip: PENSACOLA, FL 32503

Title: D () Delete
Name: WHITE, BOYCE
Address: 1701 CONWAY BLVD
City-St-Zip: PENSACOLA, FL 32503

Title: S () Delete
Name: NICKINSON, TED
Address: 3725 PIEDMONT RD
City-St-Zip: PENSACOLA, FL 32503

Title: D () Delete
Name: DOBIE, MARY RUTH
Address: 3655 MARJEAN DRIVE
City-St-Zip: PENSACOLA, FL 32504

Title: D () Delete
Name: HALL, RANDY
Address: 2840 INVERNESS COURT
City-St-Zip: PENSACOLA, FL 32503

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: () 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: SHARON K ROBBINS

A

01/28/2009

Electronic Signature of Signing Officer or Director

Date