

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41294

FILED  
Jan 19, 2009  
Secretary of State

**Entity Name:** TRINITY COMMUNITY CHURCH OF LEE COUNTY, INC.

**Current Principal Place of Business:**

2756 MCGREGOR BLVD.  
FT. MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

2756 MCGREGOR BLVD.  
FT. MYERS, FL 33901

**New Mailing Address:**

**FEI Number:** 65-0235170

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WINTERS, WILLIAM E.  
16350 FAIRWAY WOODS DR  
UNIT 1802  
FT. MYERS, FL 33908 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: STD ( ) Delete  
Name: CONNELL, JAMES  
Address: 13551 STRATFORD PL., #205  
City-St-Zip: FORT MYERS, FL 33919

Title: P ( ) Delete  
Name: LOVELAND, DAVID M  
Address: 3064 SLVESTRE DR  
City-St-Zip: FORT MYERS, FL 33901

Title: V ( ) Delete  
Name: KREAGER, JOAN C  
Address: 16569 BEAR CUB DR  
City-St-Zip: FORT MYERS, FL 33908

Title: D ( ) Delete  
Name: WINTERS, WILLIAM E.,  
Address: 16350 FAIRWAY WOODS DRIVE  
City-St-Zip: FT. MYERS, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: V (X) Change ( ) Addition  
Name: MOULTON, SHERRILL  
Address: 7406 LAKE BREEZE DRIVE  
City-St-Zip: FORT MYERS, FL 33907

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: JAMES CONNELL

SEC.

01/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date