

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49676

FILED
Jan 05, 2006
Secretary of State

Entity Name: TRINITY BY THE COVE EPISCOPAL CHURCH, INC.

Current Principal Place of Business:

553 GALLEON DRIVE
NAPLES, FL 33940

New Principal Place of Business:

553 GALLEON DRIVE
NAPLES, FL 34102

Current Mailing Address:

553 GALLEON DRIVE
NAPLES, FL 33940

New Mailing Address:

553 GALLEON DRIVE
NAPLES, FL 34102

FEI Number: 59-0774204

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BASDEN, MICHAEL P
523 GALLEON DR
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

BASDEN, MICHAEL P
495 GALLEON DR
NAPLES, FL 34102 US

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: MICHAEL P. BASDEN

01/05/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRD () Delete
Name: BASDEN, MICHAEL
Address: 523 GALLEON DR
City-St-Zip: NAPLES, FL 34102

Title: T () Delete
Name: LEWIS, CHARLES M
Address: 7804 COCO BAY COURT
City-St-Zip: NAPLES, FL 34105

Title: D () Delete
Name: MOORE, MICHAEL D
Address: 2123 IMPERIAL CIRCLE
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: ROBB, JOHN W
Address: 2215 HAWKSRIDGE DR. #804
City-St-Zip: NAPLES, FL 34105

Title: FAD () Delete
Name: HAIDLE, A W
Address: P.O BOX 742
City-St-Zip: NAPLES, FL 34106

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRD (X) Change () Addition
Name: BASDEN, MICHAEL
Address: 495 GALLEON DR
City-St-Zip: NAPLES, FL 34102

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 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: AW HAIDLE

FAD

01/05/2006

Electronic Signature of Signing Officer or Director

Date