

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90021 045 ****61.25

DOCUMENT # N49676

1. Entity Name

TRINITY BY THE COVE EPISCOPAL CHURCH, INC.



Principal Place of Business

553 GALLEON DRIVE
NAPLES FL 34102

Mailing Address

553 GALLEON DRIVE
NAPLES FL 34102



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/07)

Zip

Country

Zip

Country

4. FEI Number

59-0774204

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BASDEN, MICHAEL P
495 GALLEON DR
NAPLES FL 34102

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PRD
NAME BASDEN, MICHAEL P
STREET ADDRESS 495 GALLEON DR
CITY-ST-ZIP NAPLES FL 34102 ☐ Delete

TITLE T
NAME MCLENDON, ROBERT M
STREET ADDRESS 624 BINNACLE DRIVE
CITY-ST-ZIP NAPLES FL 34103 ☐ Delete

TITLE D
NAME MCBRIDE, CLYDE
STREET ADDRESS 608 16TH AVENUE SOUTH
CITY-ST-ZIP NAPLES FL 34102 ☒ Delete

TITLE D
NAME DURANT, MICHAEL A
STREET ADDRESS 8140 LAS PALMAS WAY
CITY-ST-ZIP NAPLES FL 34109 ☐ Delete

TITLE FAD
NAME HAIDLE, ALLISON W
STREET ADDRESS P.O BOX 742
CITY-ST-ZIP NAPLES FL 34106 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME DRACKETT, LUCILLE M.
STREET ADDRESS 555 ADMIRALTY PARADE
CITY-ST-ZIP NAPLES, FL 34102 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

A.W. HAIDLE Financial Admin

02-07-08

224-762-6581