

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 19, 2004 8:00 am**  
**Secretary of State**

05-19-2004 90011 042 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                            |                                                                                                                                          |                                                                                                                                                                         |
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| <b>DOCUMENT # N98000005738</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                            |                                                         |                                                                                                                                                                         |
| 1. Entity Name<br><b>TRINITY LUTHERN CHURCH M.S. OF OCALA, FLORIDA, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                            |                                                                                                                                          |                                                                                                                                                                         |
| Principal Place of Business<br><b>4001 NE 25 AVE.<br/>OCALA FL 34479</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                            | Mailing Address<br><b>4001 NE 25 AVE.<br/>OCALA FL 34479</b>                                                                             |                                                                                                                                                                         |
| 2. Principal Place of Business<br><b>TRINITY LUTHERAN CHURCH M.S. OF OCALA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                            | 3. Mailing Address                                                                                                                       |                                                                                                                                                                         |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                            | Suite, Apt. #, etc.                                                                                                                      |                                                                                                                                                                         |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                            | City & State                                                                                                                             |                                                                                                                                                                         |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                                                                    | Zip                                                                                                                                      | Country                                                                                                                                                                 |
| 4. FEI Number<br><b>59-3635782</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                            | Applied For<br><input type="checkbox"/> Not Applicable                                                                                   |                                                                                                                                                                         |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                            | <b>\$8.75</b> Additional Fee Required                                                                                                    |                                                                                                                                                                         |
| 6. Name and Address of Current Registered Agent<br><br><b>TARQUIN, JAMES P<br/>44 SE 1 AVE<br/>OCALA FL 34471</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                            | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                            |                                                                                                                                          |                                                                                                                                                                         |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                            | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                      |                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                            | <b>Make Check Payable to<br/>Florida Department of State</b>                                                                             |                                                                                                                                                                         |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                            | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                    |                                                                                                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PD<br>GRIER, ROBERT E<br>4620 SW 21 ST PL.<br>OCALA FL 34474 <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                       | PD<br><del>STRIKLAND, DEAN</del> <b>CURL, STEVEN</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>2112 NE 52ND ST<br>OCALA, FL 34479 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | VD<br>GRIER, ROB<br>4620 SW 21 PL<br>OCALA FL 33474 <input checked="" type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                       | VD<br>STRIKLAND, DEAN<br>208 LITTLE ORANGE LK DR<br>HAWTHORNE, FL 32640 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TD<br>GERUE, KATHLEEN M<br>2088 N.E. 45TH ST.<br>OCALA FL 34479 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                       | TD<br>PFRIENDER, AMY<br>540 SE 34TH AVE<br>OCALA, FL 34471 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SD<br>PFRIENDER, JAMES<br>540 SE 34TH AVE.<br>OCALA FL 34471 <input checked="" type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                       | SD<br>GRIER, ROBERT E<br>4620 SW 21ST PL<br>OCALA, FL 34474 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | VD<br>CURL, STEVEN<br>2112 NE 52ND ST.<br>OCALA FL 34479 <input type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <b>ROBERT E GRIER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                            | Date <b>4/18/04</b> Daytime Phone # <b>352-8731935</b>                                                                                   |                                                                                                                                                                         |