2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

2/9

FILED
Mar 08, 2005 8:00 am
Secretary of State
02-09-2005 90043 047 ****61.25

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1. Entity Name
TRINITY LUTHERN CHURCH M.S. OF OCALA, FLORIDA, INC.

66003708

Principal Place of Business	Mailing Address
4001 NE 25 AVE. OCALA, FL 34479	4001 NE 25 AVE. OCALA, FL 34479

01062005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3635782
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

Steven Curl
2112 NE 52nd St.
Ocala, FL 34479

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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: Steven Curl 1/30/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD President
NAME	CURL, STEVEN
STREET ADDRESS	2112 NE 52ND STREET
CITY-ST-ZIP	OCALA, FL 34479
TITLE	VD Vice President
NAME	STRICKLAND, DEAN
STREET ADDRESS	208 LITTLE ORANGE LK DR
CITY-ST-ZIP	HAWTHORNE, FL 32640
TITLE	TD Treasurer
NAME	PFRIENDER, AMY
STREET ADDRESS	540 SE 34TH AVE
CITY-ST-ZIP	OCALA, FL 34471
TITLE	
NAME	Christina Barbour Secretary
STREET ADDRESS	7112 Hemlock Loop
CITY-ST-ZIP	Ocala, FL 34472
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Steven Curl 1/30/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #