

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90186 014 ****61.25

DOCUMENT # N98000005738

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



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

Mailing Address
4001 NE 25 AVE.
OCALA, FL 34479

40079113



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

0112006

Chg-NP

CR2E037 (11/05)

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

7. Name and Address of New Registered Agent

TARQUIN, JAMES P
44 SE 1 AVE
OCALA, FL 34471

Name STEVEN L. CURL

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

2112 N.E. 52nd St.

City Ocala

FL

Zip Code
34479

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 L. Curl

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/06

**Filing Fee is \$61.25
Due by May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME CURL, STEVEN
STREET ADDRESS 2112 NE 52ND STREET
CITY-ST-ZIP OCALA, FL 34479 ☐ Delete

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

TITLE VD
NAME STRICKLAND, DEAN
STREET ADDRESS 208 LITTLE ORANGE LK DR
CITY-ST-ZIP HAWTHORNE, FL 32640 ☐ Delete

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

TITLE TD
NAME PFRIENDER, AMY
STREET ADDRESS 540 SE 34TH AVE
CITY-ST-ZIP OCALA, FL 34471 ☐ Delete

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

TITLE SD
NAME GRIER, ROBERT E
STREET ADDRESS 4620 SW 21ST PL
CITY-ST-ZIP OCALA, FL 34474 ☒ Delete

TITLE
NAME Pfriender, Amy
STREET ADDRESS 540 SE 34th Ave.
CITY-ST-ZIP Ocala, FL 34471 ☒ Change ☐ Addition

TITLE VD
NAME CURL, STEVEN
STREET ADDRESS 2112 NE 52ND ST.
CITY-ST-ZIP OCALA, FL 34479 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 Chapter 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:

Steven L. Curl

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/06

DATE

Daytime Phone #