


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2007 8:00 am
Secretary of State

02-02-2007 90006 006 ****61.25

DOCUMENT # N98000005738					
1. Entity Name TRINITY LUTHERAN CHURCH INC. OF OCALA, FLORIDA, INC. <i>Lutheran</i>					
Principal Place of Business 4001 NE 25 AVE. OCALA, FL 34479			Mailing Address 4001 NE 25 AVE. OCALA, FL 34479		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3635782	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CURL, STEVEN L 2112 NE 52ND ST OCALA, FL 34479			7. Name and Address of New Registered Agent Name: <i>LARRY HARVEY</i> Street Address (P.O. Box Number is Not Acceptable): <i>12236 SE 99TH AVE.</i> <i>Bellevue FL</i> <i>34420</i> City: <i>FL</i> 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: <i>Larry Harvey</i> 1/21/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-issuing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD CURL, STEVEN 2112 NE 52ND STREET OCALA, FL 34479	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LARRY HARVEY 12236 SE 99TH AVE Bellevue FL 34420	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STRICKLAND, DEAN 208 LITTLE ORANGE LK DR HAWTHORNE, FL 32640	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Roger Doudt PO Box 231 Citra, FL 32113	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PFRIENDER, AMY 540 SE 34TH AVE OCALA, FL 34471	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PFRIENDER, AMY 540 SE 34TH AVE OCALA, FL 34471	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <i>Larry Harvey</i>			1/21/07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

40008621



01042007 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable

\$8.75 Additional Fee Required

FL

34420

1/21/07

(NOTE: Registered Agent signature required when re-issuing)

DATE

Filing Fee is \$61.25 Due by May 1, 2007

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	<input checked="" type="checkbox"/> Delete
NAME	CURL, STEVEN	
STREET ADDRESS	2112 NE 52ND STREET	
CITY-ST-ZIP	OCALA, FL 34479	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	STRICKLAND, DEAN	
STREET ADDRESS	208 LITTLE ORANGE LK DR	
CITY-ST-ZIP	HAWTHORNE, FL 32640	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PFRIENDER, AMY	
STREET ADDRESS	540 SE 34TH AVE	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PFRIENDER, AMY	
STREET ADDRESS	540 SE 34TH AVE	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARRY HARVEY	
STREET ADDRESS	12236 SE 99TH AVE	
CITY-ST-ZIP	Bellevue FL 34420	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roger Doudt	
STREET ADDRESS	PO Box 231	
CITY-ST-ZIP	Citra, FL 32113	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Larry Harvey*

1/21/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #