

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2008 08:00 AM
Secretary of State

DOCUMENT # N98000005738

1. Entity Name
TRINITY LUTHERAN CHURCH OF OCALA, FL, INC.



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

Mailing Address
4001 NE 25 AVE.
OCALA, FL 34479



01082008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

HARVEY, LARRY
12236 SE 99TH AVE
BELLEVIEW, FL 34420

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when renewing)

DATE

1/20/08

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PFRIENDER, AMY 540 SE 34TH AVE OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PFRIENDER, AMY 540 SE 34TH AVE OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARVEY, LARRY 12236 SE 99TH AVE BELLEVIEW, FL 34420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DOUDT, ROGER P.O. BOX 231 CITRA, FL 32113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000804336
02/05/08-80088-015 61.25

**DO NOT WRITE
IN THIS SPACE**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/08

Date

(352) 207-3047

Daytime Phone #