2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# N98000005738

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

Current Principal Place of Business:

4001 NE 25 AVE.
OCALA, FL 34479

New Principal Place of Business:

Current Mailing Address:

4001 NE 25 AVE.
OCALA, FL 34479

New Mailing Address:

FEI Number: 59-3635782 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: PFRIENDER, AMY
Address: 540 SE 34TH AVE
City-St-Zip: OCALA, FL 34471

Title: SD ( ) Delete
Name: PFRIENDER, AMY
Address: 540 SE 34TH AVE
City-St-Zip: OCALA, FL 34471

Title: PD ( ) Delete
Name: HARVEY, LARRY
Address: 12236 SE 99TH AVE
City-St-Zip: BELLEVIEW, FL 34420

Title: VD ( ) Delete
Name: DOUDT, ROGER
Address: P.O. BOX 231
City-St-Zip: CITRA, FL 32113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: BRAMAN, AMY
Address: 540 SE 34TH AVE
City-St-Zip: OCALA, FL 34471

Title: SD (X) Change ( ) Addition
Name: BRAMAN, AMY
Address: 540 SE 34TH AVE
City-St-Zip: OCALA, FL 34471

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: WILLIAMS, RON
Address: 4000 NE 138TH PLACE
City-St-Zip: ANTHONY, FL 32617

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMY BRAMAN SD 01/05/2009

Electronic Signature of Signing Officer or Director — Date