# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 04, 2003 8:00 am**
**Secretary of State**
03-04-2003 90075 003 ****61.25

DOCUMENT # N98000005738

1. Entity Name

TRINITY LUTHERN CHURCH M.S. OF OCALA, FLORIDA, I NC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4001 NE 25 AVE.<br>OCALA FL 34479 | 4001 NE 25 AVE.<br>OCALA FL 34479 |

☐ CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

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<br>44 SE 1 AVE<br>OCALA FL 34471 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25**

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>MAINSTER, RICHARD<br>7655 NW 21ST<br>OCALA FL 34482 | ☒ Delete | PD<br>ROBERT E GRIER<br>4620 SW 21st PL<br>OCALA, FL 34474 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>GRIER, ROB<br>4620 SW 21 PL<br>OCALA FL 33474 | ☐ Delete | VD<br>Steven Curl<br>2112 NE 52nd St.<br>OCALA, FL 34479 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>RAYNOR, DON<br>285 NE 45 PL<br>OCALA FL | ☒ Delete | TD<br>Kathleen M. Gerue<br>2088 N.E. 45th St.<br>Ocala, FL, 34479 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>ROSENVINGE, EDITH<br>3010 SE 38TH ST<br>OCALA FL 34479 | ☒ Delete | SD<br>James PFriender<br>540 S.E. 34th Ave.<br>Ocala FL. 34471 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

CR2E037 (10/02)

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:** SIGNATURE ROBERT E. GRIER 1/25/03 352-873-1935
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR