

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000005556

**FILED**  
**Apr 15, 2010**  
**Secretary of State**

**Entity Name:** THE CHURCH AT TRIPLE CROSS, INC.

**Current Principal Place of Business:**

20740 NW 100 AVENUE ROAD  
MICANOPY, FL 32667

**New Principal Place of Business:**

**Current Mailing Address:**

20740 NW 100 AVENUE ROAD  
MICANOPY, FL 32667

**New Mailing Address:**

**FEI Number:** 65-0945780

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EDWARDS, NORMAN  
20740 NW 100 AVE. ROAD  
MICANOPY, FL 32667 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: PD  
Name: EDWARDS, NORMAN  
Address: 20740 NW 100 AVENUE ROAD  
City-St-Zip: MICANOPY, FL 32667

Title: VD  
Name: EDWARDS, PHYLLIS  
Address: 20740 NW 100 AVENUE ROAD  
City-St-Zip: MICANOPY, FL 32667

Title: SEC  
Name: SMITH, CALLIE SUE  
Address: 20736 NW 100 AVE. ROAD  
City-St-Zip: MICANOPY, FL 32667

Title: TRES  
Name: MILLER, ANGEL RAE  
Address: 20740 NW 100 AVENUE ROAD  
City-St-Zip: MICANOPY, FL 32667

I hereby 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 all other like empowered.

SIGNATURE: NORMAN EDWARDS

PD

04/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date