

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P40815

FILED
Apr 28, 2009
Secretary of State

Entity Name: TRINITY CHRISTIAN CENTER OF SANTA ANA, INC.

Current Principal Place of Business:

2442 MICHELLE DRIVE
TUSTIN, CA 92680

New Principal Place of Business:

Current Mailing Address:

2442 MICHELLE DRIVE
TUSTIN, CA 92680

New Mailing Address:

FEI Number: 95-2844062

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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 () Delete
Name: CROUCH, PAUL F
Address: 2442 MICHELLE DRIVE
City-St-Zip: TUSTIN, CA

Title: VPD () Delete
Name: CROUCH, JANICE W
Address: 2442 MICHELLE DRIVE
City-St-Zip: TUSTIN, CA

Title: ST () Delete
Name: BROWN, RUTH
Address: 2442 MICHELLE DRIVE
City-St-Zip: TUSTIN, CA 92780

Title: AS () Delete
Name: HICKEY, TERRECE
Address: 2442 MICHELLE DR
City-St-Zip: TUSTIN, CA 92780

Title: AS () Delete
Name: CASORIA, JOHN B
Address: 2442 MICHELLE DR
City-St-Zip: TUSTIN, CA 92780

Title: VPD () Delete
Name: CROUCH, PAUL F JR
Address: 11 CARNELIAN
City-St-Zip: IRVINE, CA 92614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: AS (X) Change () Addition
Name: BROWN, RUTH
Address: 2442 MICHELLE DRIVE
City-St-Zip: TUSTIN, CA 92780

Title: AS (X) Change () Addition
Name: HICKEY, TERRENCE
Address: 2442 MICHELLE DR
City-St-Zip: TUSTIN, CA 92780

Title: ST (X) Change () Addition
Name: CASORIA, JOHN B
Address: 2442 MICHELLE DR
City-St-Zip: TUSTIN, CA 92780

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

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: RUTH BROWN

AS

04/28/2009

Electronic Signature of Signing Officer or Director

Date