

# **2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P40815

**FILED**  
**Jan 21, 2011**  
**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:**

2442 MICHELLE DRIVE  
TUSTIN, CA 92780

**Current Mailing Address:**

2442 MICHELLE DRIVE  
TUSTIN, CA 92680

**New Mailing Address:**

2442 MICHELLE DRIVE  
TUSTIN, CA 92780

**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:** RUTH BROWN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** CROUCH, PAUL F  
**Address:** 2442 MICHELLE DRIVE  
**City-St-Zip:** TUSTIN, CA 92780 US

**Title:** VPD  
**Name:** CROUCH, JANICE W  
**Address:** 2442 MICHELLE DRIVE  
**City-St-Zip:** TUSTIN, CA 92780 US

**Title:** AS  
**Name:** BROWN, RUTH  
**Address:** 2442 MICHELLE DRIVE  
**City-St-Zip:** TUSTIN, CA 92780 US

**Title:** AS  
**Name:** HICKEY, TERRENCE  
**Address:** 2442 MICHELLE DR  
**City-St-Zip:** TUSTIN, CA 92780 US

**Title:** ST  
**Name:** TUCCILLO, MARGIE  
**Address:** 2442 MICHELLE DR  
**City-St-Zip:** TUSTIN, CA 92780 US

**Title:** VPD  
**Name:** CROUCH, PAUL F JR  
**Address:** 11 CARNELIAN  
**City-St-Zip:** IRVINE, CA 92614 US

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:** RUTH BROWN

AS

01/21/2011

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

\_\_\_\_\_  
Date