## 740815

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B.A.

TBrawn 9-15-11

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: Trinity Christian Center of Santa Ana Inc  Name of Corporation				
Name of Corporation				
DOCUMENT NUMBER: P40815				
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
rease retain an extrespondence contenting this maner to the totto mig.				
John Cosoria				
John Casoria Name of Contact Person				
Name of Contact I cison				
Trinity Christian Center of Santa Ana Inc				
Firm/Company				
2442 Michelle Drive				
Address				
T . I' OA 00700				
Tustin CA 92780 City/State and Zip Code				
City/state and Zip Code				
adalaaruz@thn ara				
edelacruz@tbn.org  E-mail address: (to be used for future annual report notification)				
E-mail address. (to be used for future aimual report notification)				
For further information concerning this matter, please call:				
John Casoria at ( 714 ) 665,2102				
John Casoria     at ( 714 )     665.2102       Name of Contact Person     Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the Department of State.				

Street Address: Amendment Section Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Mailing Address:
Amendment Section
Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (8/05)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Sta inge is submitted for a corporation organized under the laws of the State of Co ir to change its registered office or registered agent, or both, in the State of Flo	alifornia		,
1. The name of	the corporation: Trinity Christian Center of Santa Ana, Inc.			
	office address: 2442 Michelle Drive, Tustin, CA 92780			
3. The mailing a	ddress (if different):	,		
4. Date of incorp	poration/qualification: 10/06/92 Document number:	P4081	15	
	I street address of the current registered agent and registered office on file with tment of State: (If resigned, enter resigned)	the		
	CT Corporation System			
	1200 S Pine Island Road			
	Plantation FL 33324	$\vec{\mathbf{p}}_m$	20	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	LLAHA!	2011 SEP 14	
	Mike Everett	RY 0 SSEE		
	4655 Vineland Road	FST	PK 12: 02	
	P.O. Box NOT acceptable Orlando, FL 32811	ATE RID:	02	
The street address changed will	ess of its registered office and the street address of the business office of its dentical.	registere	d agent	t,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an one board, or the corporation has been notified in writing of the change.	fficer so		
Signaty	John Casoria, Assistant S re of arm thicer or director Printed or typed name and title	Secreta	ary	
I hereby accept I further agree of my duties, an document is bei corporation las	the appointment as registered agent and agree to act in this capacity.  to comply with the provisions of all statutes relative to the proper and comp  d I am familiar with and accept the obligation of my position as registered of  ng filed merely to reflect a change in the registered office address, I hereby  been notified in writing of this change.	lete perf agent. ( confirm	ormand or, if th that th	ce is e
Mu	8/31/11 8/31/11		<del></del>	
If signing on be	half of an entity:			
т	Mike Everett yped or Printed Name			

\* \* \* FILING FEE: \$35.00 \* \* \*