

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700880

1. Entity Name

TRINITY UNITED METHODIST CHURCH OF BRADENTON, IN

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90094 023 ****61.25

Principal Place of Business 3200 MANATEE AVENUE WEST BRADENTON FL 34205	Mailing Address 3200 MANATEE AVENUE WEST BRADENTON FL 34205-2549
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0809622		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent SOCKWELL, ROGER L C/O 3200 MANATEE AVENUE W BRADENTON FL 34205		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.

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 Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEWART, BILL 5919 RIVERVIEW BLVD BRADENTON FL 34209-1860 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAYES, TOM 2403 LANDINGS CIR BRADENTON FL 34209-9675 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KOZAK, STEVE 2502 2nd Ave East Bradenton, FL 34208-1706 ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SOCKWELL, ROGER L 3200 MANATEE AVENUE WEST BRADENTON FL 34205 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: *Roger Sockwell* **REQUIRED** Roger Sockwell, Administrator 941-747-3704
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)