

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 701286 (7)
1. Corporation Name
TRINITY COMMUNITY CHURCH OF DEERFIELD BEACH, INC



Principal Place of Business: 841 S.E. 2 COURT DEERFIELD BEACH FL 33441
Mailing Address: 841 S.E. 2 COURT DEERFIELD BEACH FL 33441

3. Date Incorporated or Qualified: 07/30/1960
3a. Date of Last Report: 02/01/1995
4. FEI Number: 59-1432847
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
30.

9. Name and Address of Current Registered Agent
PUGH, REV MICAL R
733 SE 2ND STREET
DEERFIELD BCH FL 33441

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUGH, MICAL R	1.2 NAME	
STREET ADDRESS	733 SE 2ND STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISINGS, HENDRICK	2.2 NAME	Vice-President
STREET ADDRESS	1344 TAMARIND WAY SW	2.3 STREET ADDRESS	Kenneth Eriks
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	3000 NE 27 Ave.
TITLE	DS	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERREMA, STEPHEN	3.2 NAME	Lighthouse Pt. Fl.
STREET ADDRESS	8 SE 14TH PLACE	3.3 STREET ADDRESS	Secretary
CITY-ST-ZIP	DEERFIELD BEACH FL	3.4 CITY-ST-ZIP	Margaret Bertagni
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENARO, LOIS	4.2 NAME	
STREET ADDRESS	810 SE 7TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	4.4 CITY-ST-ZIP	
TITLE	DC	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWRENCE, STEVEN	5.2 NAME	Chairman of Deacons
STREET ADDRESS	3320 NE 13TH AVE	5.3 STREET ADDRESS	Charles Lange
CITY-ST-ZIP	POMPANO BEACH FL	5.4 CITY-ST-ZIP	2440 NE 10th Terr.
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

6.5 NAME	
6.6 STREET ADDRESS	
6.7 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lois Genaro Lois Genaro, Treas. 4/03/96 (954)421-4525

CR2E037 (12/95)