

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 706399 (3)

1. Corporation Name

TRINITY UNITED METHODIST CHURCH OF NORTH PORT IN CORPORATED



Principal Place of Business

Mailing Address

NORTH PORT INCORPORATED
4285 WESLEY LANE
NORTH PORT FL 34287-8698

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NORTH PORT FL 34287-8698

3. Date Incorporated or Qualified
11/08/1963

3a. Date of Last Report
03/15/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-1858899

Applied For
Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMAS, WALTER B.
6704 DENNISON AVE.
NORTH PORT FL 34287

81 Name
GOLBEN, MICHAEL

82 Street Address (P.O. Box Number is Not Acceptable)
7000 ELYTON DRIVE

83

84 City
NORTH PORT

85 FL

Zip Code
34287

11. Pursuant to the provisions of Sections 607.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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

Michael Golben
Signature, typed or printed name of registered agent and title if applicable

MICHAEL GOLBEN

(NOTE: Registered Agent signature required when reinstating)

4/16/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CTR	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, WALTER B.	
STREET ADDRESS	6704 DENNISON AVE.	
CITY-ST-ZIP	NORTH PORT FL 34287	
TITLE	VCTR	<input checked="" type="checkbox"/> DELETE
NAME	GOLDEN, MICHAEL	
STREET ADDRESS	7000 ELYTON DRIVE	
CITY-ST-ZIP	NORTH PORT FL 34287	
TITLE	TR	<input checked="" type="checkbox"/> DELETE
NAME	DANNENFELSER, FRED	
STREET ADDRESS	6480 FLORAL CT.	
CITY-ST-ZIP	NORTH PORT FL 34287	
TITLE	STR	<input type="checkbox"/> DELETE
NAME	VELTMAN, ALICE	
STREET ADDRESS	69 LAKEVIEW DR	
CITY-ST-ZIP	NORTH PORT FL 34287	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	TRUTTA, HARRY	
STREET ADDRESS	5707 HOLIDAY PARK BLVD.	
CITY-ST-ZIP	NORTH PORT FL 34287	
TITLE	TR	<input checked="" type="checkbox"/> DELETE
NAME	MOYAR, CHARLES M	
STREET ADDRESS	3198 OPORTO ST.	
CITY-ST-ZIP	NORTH PORT FL 34287	

11 TITLE	CTR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	GOLBEN, MICHAEL	
13 STREET ADDRESS	7000 ELYTON DRIVE	
14 CITY-ST-ZIP	NORTH PORT FL 34287	
21 TITLE	VCTR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	MICHAELSON, WILBURN C.	
23 STREET ADDRESS	3615 PRICE BLVD. W	
24 CITY-ST-ZIP	NORTH PORT FL 34287	
31 TITLE	TR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	TRUTTA, HARRY	
33 STREET ADDRESS	5707 HOLIDAY PARK BLVD.	
34 CITY-ST-ZIP	NORTH PORT FL 34287	
41 TITLE	STR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	VELTMAN, ALICE	
43 STREET ADDRESS	69 LAKEVIEW DRIVE	
44 CITY-ST-ZIP	NORTH PORT FL 34287	
51 TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	THOMAS, WALTER B.	
53 STREET ADDRESS	6704 DENNISON AVE.	
54 CITY-ST-ZIP	NORTH PORT FL 34287	
61 TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	PAULS, JUDY	
63 STREET ADDRESS	2416 VESTRIDGE ST.	
64 CITY-ST-ZIP	NORTH PORT FL 34287	

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, as added, or on an attachment with an address.

SIGNATURE:

Michael Golben
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL GOLBEN

4/16/96
Date

(941) 426 5645
Daytime Phone #

CR2E037 (12/95)