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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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: NORTH PORT INCORPORATED, 4285 WESLEY LANE, NORTH PORT FL 34287-1698
Mailing Address: NORTH PORT INCORPORATED, 4285 WESLEY LANE, NORTH PORT FL 34287-1698

3. Date Incorporated or Qualified: 11/08/1963
3a. Date of Last Report: 04/24/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, City & State, Zip, and Country.

4. FEI Number: 59-1858899
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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
GOLBEN, MICHAEL
7000 ELYTON DRIVE
NORTH PORT FL 34287

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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	
TITLE	CTR <input type="checkbox"/> DELETE
NAME	GOLBEN, MICHAEL
STREET ADDRESS	7000 ELYTON DRIVE
CITY-ST-ZIP	NORTH PORT FL
TITLE	VCTR <input checked="" type="checkbox"/> DELETE
NAME	MICHAELSON, WILBURN C.
STREET ADDRESS	3615 PRICE BLVD W
CITY-ST-ZIP	NORTH PORT FL
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 checked="" type="checkbox"/> DELETE
NAME	THOMAS WALTER B
STREET ADDRESS	6704 DENNISON AVE
CITY-ST-ZIP	NORTH PORT FL
TITLE	TR <input checked="" type="checkbox"/> DELETE
NAME	PAULS, JUDY
STREET ADDRESS	2416 VESTRIDGE ST
CITY-ST-ZIP	NORTH PORT FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VCTR NORMAN, BILL
2.3 STREET ADDRESS	3525 LOG CABIN ROAD
2.4 CITY-ST-ZIP	NORTH PORT, FL 34286
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TR CASHNER, JOHN
3.3 STREET ADDRESS	114 RARATONGA ROAD
3.4 CITY-ST-ZIP	NORTH PORT, FL 34287
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	TR KARASEK, RUTH
5.3 STREET ADDRESS	5420 KENWOOD DRIVE
5.4 CITY-ST-ZIP	NORTH PORT, FL 34287
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	TR MERCEL, DOROTHY
6.3 STREET ADDRESS	8588 TRIONFO AVENUE
6.4 CITY-ST-ZIP	NORTH PORT, FL 34287

14. I do 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 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 _____ DATE 2/6/97

CR2E037 (9/96)