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Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US	Mailing Address NORTH PORT INCORPORATED 4285 WESLEY LANE NORTH PORT FL 34287-1698 US
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Zip 29
	Country 30

3. Date Incorporated or Qualified 11/08/1963	
4. FEI Number 59-1858899	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Name BILL NORMAN	
82 Street Address (P.O. Box Number is Not Acceptable) 3525 LOG CABIN RD	
83	
84 City NORTH PORT, FL	85 Zip Code 34287

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: *[Signature]* **D.L. NORMAN** DATE: **2-20-98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	CTR GOLBEN, MICHAEL	<input checked="" type="checkbox"/>
NAME	7000 ELYTON DRIVE	
STREET ADDRESS	NORTH PORT FL	
CITY-ST-ZIP		
TITLE	VCTR NORMAN, BILL	<input checked="" type="checkbox"/>
NAME	3525 LOG CABIN RD	
STREET ADDRESS	NORTH PORT FL	
CITY-ST-ZIP		
TITLE	TR CASHNER, JOHN	<input type="checkbox"/>
NAME	114 RARATONGA RD	
STREET ADDRESS	NORTH PORT FL	
CITY-ST-ZIP		
TITLE	STR VELTMAN, ALICE	<input type="checkbox"/>
NAME	69 LAKEVIEW DR	
STREET ADDRESS	NORTH PORT FL 34287	
CITY-ST-ZIP		
TITLE	TR KARASEK, RUTH	<input type="checkbox"/>
NAME	5420 KENWOOD DRIVE	
STREET ADDRESS	NORTH PORT FL	
CITY-ST-ZIP		
TITLE	TR MERCEL, DOROTHY	<input type="checkbox"/>
NAME	8588 TRIONFO AVE.	
STREET ADDRESS	NORTH PORT FL	
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	CTR NORMAN, BILL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	3525 LOG CABIN RD		
1.3 STREET ADDRESS	NORTH PORT, FL 34286		
1.4 CITY-ST-ZIP			
2.1 TITLE	VCTR CAVANAGH, SARAS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	8526 PORTO BELLO		
2.3 STREET ADDRESS	NORTH PORT, FL 34287		
2.4 CITY-ST-ZIP			
3.1 TITLE	STR BEVERLY URBAN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	1122 MARSH DR		
3.3 STREET ADDRESS	PORT CHARLOTTE, FL 33953		
3.4 CITY-ST-ZIP			
4.1 TITLE	TR CASHNER, JOHN	<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	114 RARATONGA RD		
4.3 STREET ADDRESS	NORTH PORT, FL 34287		
4.4 CITY-ST-ZIP			
5.1 TITLE	TR MERCEL, DOROTHY	<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	8588 TRIONFO AVE		
5.3 STREET ADDRESS	NORTH PORT, FL 34287		
5.4 CITY-ST-ZIP			
6.1 TITLE	TR KARASEK, RUTH	<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	5420 KENWOOD DR		
6.3 STREET ADDRESS	NORTH PORT, FL 34287		
6.4 CITY-ST-ZIP			

14. 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 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: *[Signature]* **DUANE W. WATERS** 1-20-98 944-476-1734

CFR2037 (10/97)