

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 26, 1999 8:00 am  
Secretary of State

03-26-1999 90039 032 \*\*\*\*61.25

0069073

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 706399

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/08/1963

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1858899

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NORMAN, BILL  
3525 LOG CABIN RD  
NORTH PORT FL 34287

81 Name  
LOUIS URBAN

82 Street Address (P.O. Box Number is Not Acceptable)  
1122 MARCH DRIVE

83

84 City  
PORT CHARLOTTE

FL

85 Zip Code  
33953

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 *Louis Urban* LOUIS URBAN

(NOTE: Registered Agent signature required when reinstating)

3-9-99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VCTR  DELETE  
NAME CAVANAUGH, JAMES  
STREET ADDRESS 8526 POTO BELLO  
CITY-ST-ZIP NORTH PORT FL 34287

1.1 TITLE VCTR  Change  Addition  
1.2 NAME CASHNER, JOHN  
1.3 STREET ADDRESS 114 RARATONGA RD.  
1.4 CITY-ST-ZIP NORTH PORT, FL 34287

TITLE CTR  DELETE  
NAME NORMAN, BILL  
STREET ADDRESS 3525 LOG CABIN RD  
CITY-ST-ZIP NORTH PORT FL 34286

2.1 TITLE CTR  Change  Addition  
2.2 NAME URBAN, LOUIS  
2.3 STREET ADDRESS 1122 MARCH DRIVE  
2.4 CITY-ST-ZIP PORT CHARLOTTE, FL 33953

TITLE TR  DELETE  
NAME CASHNER, JOHN  
STREET ADDRESS 114 RARATONGA RD  
CITY-ST-ZIP NORTH PORT FL 34287

3.1 TITLE TR  Change  Addition  
3.2 NAME FERRY, RICHARD  
3.3 STREET ADDRESS 447 MADRE  
3.4 CITY-ST-ZIP NORTH PORT, FL 34287

TITLE STR  DELETE  
NAME URBAN, BEVERLY  
STREET ADDRESS 1122 MARCH DR  
CITY-ST-ZIP PORT CHARLOTTE FL 33953

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE TR  DELETE  
NAME KARASEK, RUTH  
STREET ADDRESS 5420 KENWOOD DRIVE  
CITY-ST-ZIP NORTH PORT FL 34287

5.1 TITLE TR  Change  Addition  
5.2 NAME KORNEGAY, DAVID  
5.3 STREET ADDRESS 23331 MOOREHEAD AVE.  
5.4 CITY-ST-ZIP PORT CHARLOTTE, FL 33954

TITLE TR  DELETE  
NAME MERCEL, DOROTHY  
STREET ADDRESS 8588 TRIONFO AVE.  
CITY-ST-ZIP NORTH PORT FL 34287

6.1 TITLE TR  Change  Addition  
6.2 NAME COATS, JOANNE  
6.3 STREET ADDRESS 2885 MUGLONE LANE  
6.4 CITY-ST-ZIP NORTH PORT, FL 34286

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, with all other like empowered.

SIGNATURE: *Duane W. Waters* Duane W. Waters

3-9-99

(941)426-1734

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)