

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90522 005 \*\*\*\*61.25

**DOCUMENT # 706399**



1. Entity Name  
**TRINITY UNITED METHODIST CHURCH OF NORTH PORT IN  
CORPORATED**

Principal Place of Business  
**NORTH PORT INCORPORATED  
4285 WESLEY LANE  
NORTH PORT FL 34287-1647  
US**

Mailing Address  
**NORTH PORT INCORPORATED  
4285 WESLEY LANE  
NORTH PORT FL 34287-1647  
US**

**90011696**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-1858899</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>RINGER, WILLIAM B 3495 LOG CABIN RD NORTH PORT FL 34286</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		<b>FL</b>	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CTR RINGER, WILLIAM 3495 LOG CABIN RD NORTH PORT FL 34286</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TR MORRISON, WILLIAM 354 BLACKBURN BLVD NORTH PORT, FL 34287</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCTR MULLINS, GEORGE 4467 MARAL RD NORTH PORT FL 34287</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TR DEFLIPPO, FRANK 4315 LUBEC AVE NORTH PORT, FL 34287</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TR KORNEGAY, DAVID 23331 MOOREHEAD AVENUE PORT CHARLOTTE FL 33954</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TR ENSELL, NANCY 8413 DROLET AVE NORTH PORT, FL 34286</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STR URBAN, BEVERLY 1122 MARCH DR PORT CHARLOTTE FL 33953</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TR URBAN, LOUIS 1122 MARCH DR PORT CHARLOTTE, FL 33953</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TR COATS, DONALDS 2885 MUGLUNE LANE NORTH PORT FL 34286</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TR RODRIGUEZ, CHARLES 3012 PARADE TER. NORTH PORT, FL 34287</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TR RUNCK, BERTHA 4388 WESLEY LANE NORTH PORT FL 34287</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William B. Ringer **WILLIAM B. RINGER 1/27/03 941 423-7828**

CR2E037 (10/02)