

PAY NOW. FILING FEE IS \$01.20

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

FILED Jun 06 1997 8:00 am Secretary of State

DOCUMENT # 724909 (7)

THE TRINITY ASSOCIATE REFORMED PRESBYTERIAN CHURCH, INCORPORATED, OF TAMPA, FLORIDA

Principal Place of Business 14925 NORTH BOULEVARD TAMPA FL 33613 Mailing Address 14925 NORTH BOULEVARD TAMPA FL 33613

2. Principal Place of Business 2a. Mailing Address 21. State, Apt. #, etc. 26. State, Apt. #, etc. 22. City & State 27. City & State 23. Zip 28. Zip 24. Country 29. Country 25. Country 30. Country

3. Date Incorporated or Qualified 12/01/1972 3a. Or 2/1/96 4. FEI Number 59-1218057 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. 199.03, Florida Statutes Yes No 10. Name and Address of Now Registered Agent

9. Name and Address of Current Registered Agent

DENNIS, DAVID M. SR. 1904 LITTLE COVE TAMPA FL 33613

81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. City 84. City 85. Zip Code FL

11. I, the undersigned, in compliance with Sections 617.0502 and 617.1608, 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, and my family, will accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: Signature, typed or printed name of registered agent and date if applicable. DATE: Date of registration or date of filing if applicable.

Table with 12 rows and 2 columns: OFFICERS AND DIRECTORS. Columns include TITLE, NAME, STREET ADDRESS, CITY, STATE, ZIP.

Table with 13 rows and 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS. Columns include TITLE, NAME, STREET ADDRESS, CITY, STATE, ZIP.

Handwritten signature and date: Frank Gregory 5/30/97

500002209665 -06/12/97--01002--025 ***61.25

14. I, the undersigned, hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(3)(b), 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: Frank Gregory FRANK GREGORY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OR OFFICER OR DIRECTOR

5/30/97 (813) 920-2576

CP25037 (12/95)