

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90080 030 ****61.25

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1. Corporation Name

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

3. Date Incorporated or Qualified

12/01/1972

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1218057

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 ☐

\$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

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

81 Name

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

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

TITLE **PD**
NAME **WILSON, JACK**
STREET ADDRESS **16120 E LAKE BURRELL DR**
CITY-ST-ZIP **LUTZ FL**

1.1 TITLE **PD**
1.2 NAME **HOLBROOK, THOMAS**
1.3 STREET ADDRESS **13802 SHADY SHORES DRIVE**
1.4 CITY-ST-ZIP **TAMPA, FL 33613**

TITLE **VD**
NAME **BULLEN, STEVE**
STREET ADDRESS **12414 NOREAST LAKE DR**
CITY-ST-ZIP **TAMPA FL**

2.1 TITLE **VD**
2.2 NAME **DAVIDSON, SHAWN**
2.3 STREET ADDRESS **4010 HUDSON LANE**
2.4 CITY-ST-ZIP **TAMPA, FL 33624**

TITLE **SD**
NAME **BURKS, SANDRA**
STREET ADDRESS **902 RAWLINGS CIR.**
CITY-ST-ZIP **LUTZ FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **TD**
NAME **TOMIN, ARLENE**
STREET ADDRESS **10602 N 25TH ST**
CITY-ST-ZIP **TAMPA FL**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SANDRA D. BURKS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/99

(813) 273-5000

Date

Daytime Phone #

CR2E037 (11/98)