2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 18, 2001 8:00 am
Secretary of State
02-01-2001 90177 008 ****61.25

DOCUMENT # 724909

1. Entity Name

THE TRINITY ASSOCIATE REFORMED PRESBYTERIAN CHUR

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

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1218057 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DENNIS, DAVID M. SR. 1904 LITTLE COVE TAMPA FL 33613	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

SIGNATURE David M. Dennis, Sr. 1-21-2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DAVIDSON, SHAWN 4010 HUDSON LN TAMPA FL 33624	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CONG CHN. BURLEY, WADE W SR 13513 GREENLEAF DR D TAMPA, FL 33613	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BURLEY, WADE W SR 13513 GREENLEAF DR TAMPA FL 33613	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE CHN. GILKISON, BRAD 15312 STONE CREEK LANE D TAMPA, FL 33613	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BURKS, SANDRA D 902 RAWLINGS CIR LUTZ FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TOMIN, ARLENE D 10602 N 25TH ST TAMPA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: SIGNATURE REQUIRED ~~David M. Dennis, Sr. 3/16/2001 813-974-6562~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

~~DAVID M DENNIS, SR~~
Bradley J. Gilkison 5/6/01
Bradley J. Gilkison (813) 968-8740