2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 05, 2000 8:00 am Secretary of State **DOCUMENT # 756082** 1. Entity Name TRINITY BAPTIST CHURCH OF MANATEE COUNTY, FLORID 04-05-2000 90112 037 ****61.25 Principal Place of Business Mailing Address FLORIDA, INC. FLORIDA, INC. 5116 26TH STREET W. 5116 26TH STREET W. **BRADENTON FL 34207 BRADENTON FL 34207-2201** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2077857 Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Jarvis, Ronald H 5211 24TH AVE E PALMETTO FL 34221 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change Addition Delete TITLE TITLE NAME SWANSON, DANIEL A. NAME Taylor, Robert G STREET ADDRESS STREET ADDRESS 4705 34TH AVE W 1810 24TH AVE W CITY-ST-ZIP CITY-ST-ZIE BRADENTON FL 34205 **BRADENTON FL 34209** TITLE Change ☐ Addition ☐ Delete TITLE NAME MEYER, STEVEN G. NAME STREET ADDRESS STREET ADDRESS 2316 EMORY AVE. CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL ☐ Change Addition Delete - 🛨 TITLE Jarvis, Ronald H. NAME NAME STREET ADDRESS STREET ADDRESS 5211 24TH AVE., EAST CITY-ST-7IP CITY-ST-ZIP Palmetto fl ☐ Change ☐ Addition Delete TITLE TITLE THOMAS, JACK L NAME NAME STREET ADDRESS STREET ADDRESS 1208 YALE AVE CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL 34207 ☐ Addition ☐ Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITY-ST-ZIP

2. 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 chapter on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-00

Date

(941)751-9555