

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90112 010 ****61.25

DOCUMENT # N18800

1. Entity Name

TRINITY ASSEMBLY OF GOD OF MANATEE COUNTY, INC.

Principal Place of Business

Mailing Address

**3855 PRO AM AVE. E.
BRADENTON FL 34203**

**PO BOX 20548
BRADENTON FL 34204-0548**

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

00006591



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARTER, DONALD R
3855 PRO AM AVE. E.
BRADENTON FL 34203**

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

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 Delete
 NAME **PD CARTER, DONALD**
 STREET ADDRESS **3855 PRO AM AVE. E.**
 CITY-ST-ZIP **BRADENTON FL 34203**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD MENEELY, RICHARD**
 STREET ADDRESS **3855 PRO AM AVE. E.**
 CITY-ST-ZIP **BRADENTON FL 34203**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S GILLER, WENDELL**
 STREET ADDRESS **4102 14TH AVE. E.**
 CITY-ST-ZIP **BRADENTON FL 34208**

TITLE Change Addition
 NAME **Secretary LARRY DAILEY**
 STREET ADDRESS **606 26th. Ave. E.**
 CITY-ST-ZIP **BRADENTON FL 34208-3746**

TITLE Delete
 NAME **D ELDRIDGE, BOB**
 STREET ADDRESS **921 FAITH CIR E #39**
 CITY-ST-ZIP **BRADENTON FL 34202**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **Director RON SMITH**
 STREET ADDRESS **7926 49th Ave E**
 CITY-ST-ZIP **BRADENTON FL 34203**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: **Donald R. Carter**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/00 **9917514673**
 Date Daytime Phone #