

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90037 037 \*\*\*\*61.25

**DOCUMENT # N18800**

1. Entity Name

**TRINITY ASSEMBLY OF GOD OF MANATEE COUNTY, INC.**

Principal Place of Business

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

Mailing Address

**PO BOX 20548  
 BRADENTON FL 34204**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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

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

TITLE **S** ☐ Delete  
 NAME **DAILEY, LAKAY**  
 STREET ADDRESS **606 26TH AVE**  
 CITY-ST-ZIP **BRADENTON FL 34208-3746**

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

TITLE **D** ☐ Delete  
 NAME **SMITH, RON**  
 STREET ADDRESS **7926 49TH AVE C**  
 CITY-ST-ZIP **BRADENTON FL 34203**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☐ Addition  
 NAME **SAME**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD** ☒ Change ☐ Addition  
 NAME **RON SMITH**  
 STREET ADDRESS **3855 PRO AM AVE E**  
 CITY-ST-ZIP **BRADENTON FL 34203**

TITLE **S** ☐ Change ☐ Addition  
 NAME **LARRY DAILEY (correct spelling)**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Change ☐ Addition  
 NAME **SAME**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
 NAME **CHARLES ELMORE**  
 STREET ADDRESS **2870 56TH AVE E**  
 CITY-ST-ZIP **BRADENTON FL 34203**

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:

*SIGNATURE REQUIRED*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*DONALD R. CARTER* 1/24/01 751 4673

Date

Daytime Phone #

CR2E037 (10/00)

**918264**



DO NOT WRITE IN THIS SPACE