

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90218 029 \*\*\*\*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

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**

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

**DONALD R CARTER**

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

**5024 37TH STREET E**

City

**BRADENTON**

**FL**

Zip Code

**34203**

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 **PD**  Delete  
 NAME **CARTER, DONALD R**  
 STREET ADDRESS **5024 37TH STREET E.**  
 CITY-ST-ZIP **BRADENTON FL 34203**

TITLE  Change  Addition  
 NAME **AL LASHLEE**  
 STREET ADDRESS **302 52ND AVENUE DRIVE E**  
 CITY-ST-ZIP **BRADENTON FL 34203**

TITLE **SD**  Delete  
 NAME **SMITH, RON**  
 STREET ADDRESS **3855 PRO AM AVE. E**  
 CITY-ST-ZIP **BRADENTON FL 34203**

TITLE  Change  Addition  
 NAME **TOM ROSS**  
 STREET ADDRESS **916 65TH STREET NW**  
 CITY-ST-ZIP **BRADENTON FL 34209**

TITLE **TD**  Delete  
 NAME **DAILEY, LARRY**  
 STREET ADDRESS **5665 25TH STREET CIRCLE E.**  
 CITY-ST-ZIP **BRADENTON FL 34203**

TITLE  Change  Addition  
 NAME **RODNEY KRAUSE**  
 STREET ADDRESS **1104 49TH AVENUE DRIVE W**  
 CITY-ST-ZIP **BRADENTON FL 34207**

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

TITLE  Change  Addition  
 NAME **HAROLD RAINES**  
 STREET ADDRESS **1275 TALLEVAST RD BLDG5**  
 CITY-ST-ZIP **SARASOTA FL 34243**

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **ELMORE, CHARLES**  
 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)*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 941 7514673  
 Date Daytime Phone #

CR2E037 (9/01)