

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18800

FILED
Jan 05, 2004
Secretary of State

Entity Name: TRINITY ASSEMBLY OF GOD OF MANATEE COUNTY, INC.

Current Principal Place of Business:

3855 PRO AM AVE. E.
BRADENTON, FL 34203

New Principal Place of Business:

5019 37TH STREET EAST
BRADENTON, FL 34203

Current Mailing Address:

PO BOX 20548
BRADENTON, FL 34204

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CARTER, DONALD R
5024 37TH STREET E
BRADENTON, FL 34203 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CARTER, DONALD R
Address: 5024 37TH STREET E.
City-St-Zip: BRADENTON, FL 34203

Title: SD () Delete
Name: SMITH, RON
Address: 3855 PRO AM AVE. E
City-St-Zip: BRADENTON, FL 34203

Title: TD () Delete
Name: LASHLEE, AL
Address: 302 52ND AVENUE DRIVE E
City-St-Zip: BRADENTON, FL 34203

Title: D () Delete
Name: ELDRIDGE, ROBERT
Address: 921 FAITH CIRCLE E.#39
City-St-Zip: BRADENTON, FL 34202

Title: D () Delete
Name: SMITH, RON
Address: 7926 49TH AVE E
City-St-Zip: BRADENTON, FL 34203

Title: D () Delete
Name: ROSS, TOM
Address: 916 65TH STREET NW
City-St-Zip: BRADENTON, FL 34209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: SMITH, RON
Address: 3855 PRO AM AVE. E
City-St-Zip: BRADENTON, FL 34203

Title: D (X) Change () Addition
Name: LASHLEE, AL
Address: 302 52ND AVENUE DRIVE E
City-St-Zip: BRADENTON, FL 34203

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: VERDURA, DAVID
Address: 3811 41ST AVE W
City-St-Zip: BRADENTON, FL 34205

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD R CARTER

PD

01/05/2004

Electronic Signature of Signing Officer or Director

Date