

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB - 1 PM 12:13

DOCUMENT # **701286** (7)
1. Corporation Name
TRINITY COMMUNITY CHURCH OF DEERFIELD BEACH, INC

Principal Place of Business Mailing Address
841 S.E. 2 COURT DEERFIELD BEACH FL 33441 **841 S.E. 2 COURT DEERFIELD BEACH FL 33441**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/30/1960** 3a. Date of Last Report **04/11/1994**
4. FEI Number **59-1432847** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**PUGH, REV MICAL R
733 SE 2ND STREET
DEERFIELD BCH FL 33441**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE PD
NAME PUGH, MICAL R
STREET ADDRESS 733 SE 2ND STREET
CITY-ST-ZIP DEERFIELD BCH, FL 00000
TITLE VD
NAME HERREMA, STEPHEN
STREET ADDRESS 8 SE 14TH PLACE
CITY-ST-ZIP DEERFIELD BCH FL
TITLE DS
NAME ISINGS, HENDRICK
STREET ADDRESS 1344 TAMARIND WAY SW
CITY-ST-ZIP BOCA RATON FL
TITLE T
NAME COCHRAN, DIANNE
STREET ADDRESS 25 SE 9TH AVENUE
CITY-ST-ZIP DEERFIELD BCH, FL 00000
TITLE DC
NAME KRÖLL, RAYMOND
STREET ADDRESS 608 SE 7TH ST
CITY-ST-ZIP DEERFIELD BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE VD Change Addition
2.2 NAME Isings, Hendrick
2.3 STREET ADDRESS 1344 Tamarind Way SW
2.4 CITY-ST-ZIP Boca Raton, FL
3.1 TITLE DS Change Addition
3.2 NAME Herrema, Stephen
3.3 STREET ADDRESS 8 SE 14th Place
3.4 CITY-ST-ZIP Deerfield Beach, FL
4.1 TITLE T Change Addition
4.2 NAME Lois Genaro
4.3 STREET ADDRESS 810 SE 7th St.
4.4 CITY-ST-ZIP Deerfield Beach, FL
5.1 TITLE DC Change Addition
5.2 NAME Lawrence, Steven
5.3 STREET ADDRESS 3320 NE 13th Ave.
5.4 CITY-ST-ZIP Pompano Beach, FL 33064
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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; the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mical R. Pugh 1/27/95 305-427-3045
Typed Name and Title of Signing Officer or Director Date