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FILED
Apr 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

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 33441-4008**

3. Date Incorporated or Qualified **07/30/1960** 3a. Date of Last Report **04/09/1996**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PUGH, MICAL R	
STREET ADDRESS	733 SE 2ND STREET	
CITY-ST-ZIP	DEERFIELD BCH, FL 00000	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ERIKS, KENNETH	
STREET ADDRESS	3000 NE 27TH AVE	
CITY-ST-ZIP	LIGHTHOUSE PT FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BERTAGNI, MARGARET	
STREET ADDRESS	840 DOVER ST	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GENARO, LOIS	
STREET ADDRESS	810 SE 7TH ST	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	LANGE, CHARLES	
STREET ADDRESS	2440 NE 10TH TERR	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Vice President
2.3 STREET ADDRESS	Byron Cox
2.4 CITY-ST-ZIP	3355 NW 63rd St. Ft. Lauderdale, FL 33309
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 or 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: Lois Genaro **Lois Genaro, Treas.** 4/15/97 Date (954) 421-4525 Daytime Phone # 0042672

CR2E037 (9/96)