

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90189 042 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 701286**

1. Corporation Name  
**TRINITY COMMUNITY CHURCH OF DEERFIELD BEACH, INC**

Principal Place of Business 841 S.E. 2 COURT DEERFIELD BEACH FL 33441	Mailing Address 841 S.E. 2 COURT DEERFIELD BEACH FL 33441
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	3. Date Incorporated or Qualified 07/30/1960	4. FEI Number 59-1432847	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PUGH, REV MICAL R 733 SE 2ND STREET DEERFIELD BCH FL 33441				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUGH, MICAL R	1.2 NAME	
STREET ADDRESS	733 SE 2ND STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, BYRON	2.2 NAME	McColgan, Jerome
STREET ADDRESS	3355 NW 63RD ST	2.3 STREET ADDRESS	263 NE 24 Ct.
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERTAGNI, MARGARET	3.2 NAME	Humphrey, Gloria
STREET ADDRESS	840 DOVER ST	3.3 STREET ADDRESS	935 SE 5 Ct.
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	Deerfield Bch., FL 33441
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENARO, LOIS	4.2 NAME	
STREET ADDRESS	810 SE 7TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	4.4 CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGE, CHARLES	5.2 NAME	Edwards, Ronald
STREET ADDRESS	2440 NE 10TH TERR	5.3 STREET ADDRESS	1309 W. Pine St.
CITY-ST-ZIP	POMPANO BEACH FL	5.4 CITY-ST-ZIP	Lantana, FL 33462
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: Lois Genaro SIGNATURE OF REGISTERED TREASURER Lois Genaro Date 4/22/99 (954) 421-4525  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)