

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9900000074

1. Entity Name

Trinity Christian School

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 26 AM 8:11

Principal Place of Business

Mailing Address

1597 Michigan Blvd.
Dunedin, Fl 34698

same

2. Principal Place of Business

above

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

n/a

City & State

City & State

4. FEI Number

59-3557172

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Mr. Michael Guju

24701 u.S. 19 North Suite 112
Clearwater, Fl 33763

Name

Dr. Bonnie Jean Dohner

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

1597 Michigan Blvd.

Dunedin, Fl 34698

City

FL

Zip Code

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 Bonnie Jean Dohner, Ph.D.

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

(NOTE: Registered Agent signature required when reinstating)

4/5/00

DATE

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

TITLE President D ☐ Delete
NAME Bonnie Jean Dohner, Ph.D.
STREET ADDRESS 1597 Michigan Blvd
CITY-ST-ZIP Dunedin Fl 34698

TITLE Vice President ☐ Delete
NAME Mr. Paul Jacobs D
STREET ADDRESS 1597 Michigan Blve
CITY-ST-ZIP Dunedin, Fl 34698

TITLE Member ☒ Delete
NAME Mr. Mike Guju
STREET ADDRESS 1120 Curlew Rd.
CITY-ST-ZIP Dunedin, Fl 34698

TITLE Secretary/Treasure ☐ Delete
NAME Mrs. Susan Bakke T
STREET ADDRESS 1597 Michigan Blvd.
CITY-ST-ZIP Dunedin, Fl 34698

TITLE Member ☐ Delete
NAME Mrs. Kelli Gordon T
STREET ADDRESS 1597 Michigan Blvd.
CITY-ST-ZIP Dunedin, Fl 34698

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Member T ☐ Change ☒ Addition
NAME Mr. John Benjamin
STREET ADDRESS 1597 Michigan Blvd.
CITY-ST-ZIP Dunedin, Fl 34698

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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.

Bonnie Jean Dohner, Ph.D.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

AD

(727) 733-4665