

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-18-2002 90341 041 ****61.25

DOCUMENT # 701286

1. Entity Name

TRINITY COMMUNITY CHURCH OF DEERFIELD BEACH, INC

Principal Place of Business

Mailing Address

841 S.E. 2 COURT
 DEERFIELD BEACH FL 33441

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 DEERFIELD BEACH FL 33441

31204



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1432847		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ERIKS, KENNETH 4891 NW 15 AVE POMPANO BEACH FL 33064				Name			
				Smith, Rev. Clayton K. III Street Address (P.O. Box Number is Not Acceptable) 733 SE 2nd St.			
				City		FL	
Deerfield Bch				33441			

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 Clayton K. Smith, III, President *Clayton K. Smith III* 4/7/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contributions \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VPT <input checked="" type="checkbox"/> Delete	TITLE	Pres <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ERIKS, KENNETH	NAME	Clayton K. Smith, III <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	4891 NW 15 AVE	STREET ADDRESS	733 SE 2 St.
CITY-ST-ZIP	POMPANO BEACH FL 33064	CITY-ST-ZIP	Deerfield Bch., FL 33441
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	Vice Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VEGA, EVELYN	NAME	Jerome McColgan <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3011 LINTON BLVD. # 204D	STREET ADDRESS	263 NE 24 Ct.
CITY-ST-ZIP	DELRAY BEACH FL 33445	CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENARO, LOIS	NAME	
STREET ADDRESS	810 SE 7TH ST	STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	CITY-ST-ZIP	
TITLE	CD <input checked="" type="checkbox"/> Delete	TITLE	Chairman of Deacons <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ULLRICH, REBECCA	NAME	Richard Smith <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	326 SW 34 AVENUE	STREET ADDRESS	1629 Riverview Dr. #218
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	CITY-ST-ZIP	Deerfield Bch, FL 33441
TITLE	<input type="checkbox"/> Delete	TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	Gerda Creelman
STREET ADDRESS		STREET ADDRESS	750 SE 6 Ave. #320
CITY-ST-ZIP		CITY-ST-ZIP	Deerfield Bch., FL 33441
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037 (9/01)

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.

SIGNATURE: Lois Genaro RECOGNIZING Genaro, Treasurer 4/07/02 (954)421-4525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #