


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # 701286					
1. Entity 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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1432847	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CREELMAN, GERDA 750 SE 6TH AVE, #320 DEERFIELD BEACH FL 33441			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CREELMAN, GERDA		NAME		
STREET ADDRESS	750 SE 6TH AVE, #320		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL 33441		CITY-ST-ZIP	U00000027850	02/04/04-80001-028 61.25
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 type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, RICHARD		NAME		
STREET ADDRESS	1629 RIVERVIEW DR #218		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL 33441		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DORVICK, MERRIBETH		NAME		
STREET ADDRESS	708 SE 4TH ST		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL 33441		CITY-ST-ZIP		
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		
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		

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 Lois Genaro, Treasurer 1/29/04 (954) 421-4525