# Entity Name: TRINITY UNITED METHODIST CHURCH OF NORTH PORT INCORPORATED

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### **Current Principal Place of Business:**

TRINITY UNITED METHODIST CHURCH 4285 WESLEY LANE NORTH PORT, FL 34287-1647

## **Current Mailing Address:**

**DOCUMENT# 706399** 

TRINITY UNITED METHODIST CHURCH 4285 WESLEY LANE NORTH PORT, FL 34287-1647 US

## FEI Number: 59-1858899

#### Name and Address of Current Registered Agent:

#### BABETTE, BELLARDINE 3484 S CHAMBERLAIN BLVD NORTH PORT, FL 34286 US

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	BABETTE BELLARDINE			04/14/2022
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	TREASURER	Title	CHAIRMAN TRUSTEES	
Name	WHITE, DEBRA SUE	Name	CRISMAN, GARY	
Address	4285 WESLEY	Address	3788 PARTRIDGE AVE	
City-State-Zip:	NORTH PORT FL 34287	City-State-Zip:	NORTH PORT FL 34286	
Title	CHAIRMAN SPRC	Title	LAY MEMBER	
Name	PLUMMER, DAVID	Name	WORKING, JUANITA	
Address	4285 WESLEY LN	Address	317 ROTONDA CIR	
City-State-Zip:	NORTH FL 33953	City-State-Zip:	ROTONDA WEST FL 33947	

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

# SIGNATURE: DEBRA SUE WHITE

REGISTERED AGENT 04/14/2022

Electronic Signature of Signing Officer/Director Detail

# FILED Apr 14, 2022 Secretary of State 8251509022CC

Certificate of Status Desired: Yes

Date