## 2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 706399** 

Entity Name: TRINITY UNITED METHODIST CHURCH OF NORTH PORT

**INCORPORATED** 

**Current Principal Place of Business:** 

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

**Current Mailing Address:** 

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

FEI Number: 59-1858899 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BELLARDINE, BABETTE 3481 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 01/19/2023

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title CHAIR OF TRUSTEES Title SECRETARY OF TRUSTEES

NameFLYNN, CLEMNameBORTZ, BEVERLYAddress6301 MATARO CT.Address5748 NIBLICK PL.

City-State-Zip: NORTH PORT FL 34287 City-State-Zip: NORTH PORT FL 34287

Title CHAIR OF FINANCE Title TREASURER

Name HEISLER, MICHAEL Name BELLARDINE, BABETTE A

Address 717 DELLUNA DRIVE Address 3481 SOUTH CHAMBERLAIN

BOULEVARD

City-State-Zip: NORTH PORT FL 34287

City-State-Zip: NORTH PORT FL 34286

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: BABETTE BELLARDINE

BUSINESS OFFICE MANAGER

01/19/2023

FILED Jan 19, 2023

**Secretary of State** 

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