

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706399

FILED
Jan 13, 2014
Secretary of State
CC9482585159

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:

COSMAN, ALLEN
3393 JULIA TERRACE
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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title T
Name DYER, ROLAND
Address 552 FLEETWOOD ST
City-State-Zip: NORTH PORT FL 34287

Title T
Name SEWELL, FRANK
Address 1091 CHESHIRE STREET
City-State-Zip: PORT CHARLOTTE FL 33953

Title TVC
Name HAMILTON, JAMES R
Address 3428 TONKIN DRIVE
City-State-Zip: NORTH PORT FL 34287

Title T
Name WOHLFAHRT, FRED
Address 140 EPPINGER DRIVE
City-State-Zip: PORT CHARLOTTE FL 33953

Title CT
Name COSMAN, ALLEN
Address 3393 JULIA TERRACE
City-State-Zip: NORTH PORT FL 34286

Title TRUSTEE
Name FORRESTER, PHYLLIS
Address 6822 AMOKO COURT
City-State-Zip: NORTH PORT FL 34287

Title TRUSTEE
Name WORRELL, EVELYN
Address 7131 TOTEM AVE.
City-State-Zip: NORTH PORT FL 34291

Title TRUSTEE
Name VERSAKOS, JUDY
Address 24279 BUCKINGHAM WAY
City-State-Zip: PORT CHARLOTTE FL 33980

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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: ALLEN COSMAN

CHAIR, TRUSTEES

01/13/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TRUSTEE
Name DZYNDRA, GREGORY
Address 4305 WESLEY LANE
City-State-Zip: NORTH PORT FL 34287