## 2015 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:

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

FILED Jan 14, 2015

**Secretary of State** 

CC6837183843

Officer/Director Detail:

Title T Title TVC

NameSEWELL, FRANKNameHAMILTON, JAMES RAddress1091 CHESHIRE STREETAddress3428 TONKIN DRIVECity-State-Zip:PORT CHARLOTTE FL 33953City-State-Zip:NORTH PORT FL 34287

Title T Title TRUSTEE

NameWOHLFAHRT, FREDNameCOSMAN, ALLENAddress140 EPPINGER DRIVEAddress3393 JULIA TERRACECity-State-Zip:PORT CHARLOTTE FL 33953City-State-Zip:NORTH PORT FL 34286

Title TRUSTEE

Name VERSAKOS, JUDY

Address 24279 BUCKINGHAM WAY

City-State-Zip: PORT CHARLOTTE FL 33980

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

Electronic Signature of Signing Officer/Director Detail

TRUSTEE CHAIR

01/14/2015