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 A BELLARDINE

OFFICE MANAGER

TREASURER/BUSINESS

2024 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

BELLARDINE, BABETTE 3481 S CHAMBERLAIN BLVD NORTH PORT, FL 34286 US

Name and Address of Current Registered Agent:

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.

| | | | | • | • • • | | |
|-----|---------------------------|--|-----|----------------|------------------------|------------|--|
| SI | GNATURE: | BABETTE BELLARDINE | | | | 02/01/2024 | |
| | | Electronic Signature of Registered Age | ent | | | Date | |
| Of | Officer/Director Detail : | | | | | | |
| Tit | le | CHAIR OF TRUSTEES | Ti | tle | TREASURER | | |
| Na | ame | STONE, DAVID | N | ame | BELLARDINE, BABETTE A | | |
| Ad | ldress | 2620 ALLEGHENY LANE | A | ddress | 3481 SOUTH CHAMBERLAIN | | |
| Cit | City-State-Zip: | NORTH PORT FL 34286 | | | BOULEVARD | | |
| | | | | ity-State-Zip: | NORTH PORT FL 34286 | | |
| | | | | | | | |

Certificate of Status Desired: Yes

FILED Feb 01, 2024 Secretary of State 1455982716CC

02/01/2024