


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 23 1997 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # 701286 (7)**  
1. Corporation Name  
**TRINITY COMMUNITY CHURCH OF DEERFIELD BEACH, INC**



|   |  |
|---|--|
| Principal Place of Business<br><b>841 S.E. 2 COURT<br/>DEERFIELD BEACH FL 33441</b> | Mailing Address<br><b>841 S.E. 2 COURT<br/>DEERFIELD BEACH FL 33441-4008</b> |
|---|--|

|   |  |                                  |  |   |  |  |  |
|---|--|----------------------------------|--|---|--|--|--|
| 2. Principal Place of Business<br><b>21</b> |  | 2a. Mailing Address<br><b>26</b> |  | 3. Date Incorporated or Qualified<br><b>07/30/1960</b>  |  | 3a. Date of Last Report<br><b>04/09/1996</b> |  |
| Suite, Apt. #, etc.<br><b>22</b>            |  | Suite, Apt. #, etc.<br><b>27</b> |  | 4. FEI Number<br><b>59-1432847</b>  |  | Applied For<br>Not Applicable                |  |
| City & State<br><b>23</b>                   |  | City & State<br><b>28</b>        |  | 5. Certificate of Status Desired <input type="checkbox"/>   |  | <b>\$8.75</b> Additional Fee Required        |  |
| Zip<br><b>24</b>                            |  | Country<br><b>25</b>             |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  |  | <b>\$5.00</b> May Be Added to Fees           |  |
| Zip<br><b>29</b>                            |  | Country<br><b>30</b>             |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |  |  |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PUGH, REV MICAL R  
733 SE 2ND STREET  
DEERFIELD BCH FL 33441**

|  |
|--|
| <b>81</b> Name   |
| <b>82</b> Street Address (P.O. Box Number is Not Acceptable) |
| <b>83</b>  |
| <b>84</b> City   |
| <b>FL</b> <b>85</b> Zip Code                                 |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS                     |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12          |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>PUGH, MICAL R<br>733 SE 2ND STREET<br>DEERFIELD BCH, FL 00000 <input type="checkbox"/> DELETE | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>ERIKS, KENNETH<br>3000 NE 27TH AVE<br>LIGHTHOUSE PT FL <input type="checkbox"/> DELETE        | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | Vice President<br>Byron Cox<br>3355 NW 63rd St.<br>Ft. Lauderdale., FL 33309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>BERTAGNI, MARGARET<br>840 DOVER ST<br>BOCA RATON FL <input type="checkbox"/> DELETE            | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>GENARO, LOIS<br>810 SE 7TH ST<br>DEERFIELD BEACH FL <input type="checkbox"/> DELETE            | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DC<br>LANGE, CHARLES<br>2440 NE 10TH TERR<br>POMPANO BEACH FL <input type="checkbox"/> DELETE       | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE   | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lois Genaro Lois Genaro, Treas. 4/15/97 (954) 421-4525  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0042672

CR2E037 (9/96)