


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 701286 (7) 1. Corporation Name TRINITY COMMUNITY CHURCH OF DEERFIELD BEACH, INC			
Principal Place of Business 841 S.E. 2 COURT DEERFIELD BEACH FL 33441		Mailing Address 841 S.E. 2 COURT DEERFIELD BEACH FL 33441	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent PUGH, REV MICAL R 733 SE 2ND STREET DEERFIELD BCH FL 33441			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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			
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	PUGH, MICAL R		
STREET ADDRESS	733 SE 2ND STREET		
CITY-ST-ZIP	DEERFIELD BCH, FL 00000		
TITLE	VP	<input type="checkbox"/> DELETE	
NAME	COX, BYRON		
STREET ADDRESS	3355 NW 63RD ST		
CITY-ST-ZIP	FT LAUDERDALE FL		
TITLE	S	<input type="checkbox"/> DELETE	
NAME	BERTAGNI, MARGARET		
STREET ADDRESS	840 DOVER ST		
CITY-ST-ZIP	BOCA RATON FL		
TITLE	T	<input type="checkbox"/> DELETE	
NAME	GENARO, LOIS		
STREET ADDRESS	810 SE 7TH ST		
CITY-ST-ZIP	DEERFIELD BEACH FL		
TITLE	DC	<input type="checkbox"/> DELETE	
NAME	LANGE, CHARLES		
STREET ADDRESS	2440 NE 10TH TERR		
CITY-ST-ZIP	POMPANO BEACH FL		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			
14. I 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, Treas. <i>Lois Genaro</i> 4/13/98 (954) 421-4525			

CR2E037 (10/97)