

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secreta y of State DIVISION OF CORPORATIONS

1999

**DOCUMENT # 701286** 

## TRINITY COMMUNITY CHURCH OF DEERFIELD BEACH, INC

Principal Place of Business 841 S.E. 2 COURT DEERFIELD SEACH FL 33441

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

841 S.E. 2 COURT

2a. Mailing Address

Suite, Apt. #, etc.

DEERFIELD BEACH FL 33441

## FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90189 042 \*\*\*\*61.25



3. Date Incorporated or Qualifed

07/30/1960 4. FEI Number

59-1432847

2		27		-				<del></del>	. фриоцело
City & State	В	City & State				5. Certificate of Status Desire	ed 🗆	\$8.75 Additional Fee Required	
Zip	Country Zip			ntry		6. Election Campaign Finance	ing _	\$5.00	May Be
4	25 29 3					Trust Fund Contribution Added to Fees			Fees
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
				81	Name				
DUOLE DEVANOAL D				00	Ot 1 A	In a Control of the State of th	oontoblo\	<del></del>	
PUGH, REV MICAL R				82	Street Acc	dress (P.O. Box Number is Not Ac	ceptable)		
733 SE 2ND STREET DEERFIELD BCH FL 33441				83		· · · · · · · · · · · · · · · · · · ·			
DEEKHIEL	D BOR FL 33441								
				84	City		ī	FL 85 Zip C	ode
44 6	to the provisions of Sections 617.0502	and 617 1508 Florida Statu	toe the a	hove	-named cc	moration submits this statement fo	r the purpos	e of changing its	registered
office or r	egistered agent, or both, in the State of	Florida, Such change was a	authorized	ז עסוו	the corporat	tion's board of directors. I hereby	ccept the a	prointment as reg	gistered
agent. I a	m familiar with, and accept the obligation	ons of, Section 617.0503, Flo	orida Stati	utes.					
SIGNATUFE		4157	F W			red when reinstating)	DATE	<u> </u>	·—— (
Signature, typed or printed name of registered agent and title if applicable. (NOT E:  12. OFFICERS ANI) DIRECTORS				Agent	aignatura raqui	ADDITIONS/CHANGES TO			RS IN 12
TITLE	PD	DELETE	13.	 II F				Change	Addition
	PUGH, MICAL R			1.2 NAME				-	
NAME				-	ADDRESS				
STREET ADDRESS	733 SE 2ND STREET								Ì
CITY-ST-ZIP	DEERFIELD BCH, FL 00000	DELETE OELETE			-ZIP	VP		Change	[ ] Addition
TITLE	VP		2.1 TT			· <del>-</del>	_	K overe	
NAME	COX, BYRON		2.2 NA			McColgan, Jerom	e		
STREET ADDRESS	3355 NW 63RD ST				4	263 NE 24 Ct.	22421		}
CITY-ST-ZIP	FT LAUDERDALE FL			TY-ST		Boca Raton, FL	<u> 33431.</u>	★ Change	Addition
TITLE	\$	☐ DELETE	3.1 TT		S			K) Change	[] Addition
NAME	BERTAGNI, MARGARET					Tumphrey, Gloria	<del>ì</del>		
STREET ADDRESS	840 DOVER ST			REET	1 -	935 SE 5 Ct.			
CITY-ST-ZIP	BOCA RATON FL			ITY-ST	r-zip [	Deerfield Bch.,	FL 33		
TITLE	☐ OELETE			ΠE				☐ Change	Addition
NAME	GENARO, LOIS		4. 2 N	AME					}
STREET ADDRESS	810 SE 7TH ST		4.3 S1	REET	ADDRESS				
CITY-ST-ZIP	DEERFIELD BEACH FL		4.4 Ci	TY-ST	- ZIP			~	
TITLE	DC	☐ DELETE	5 1 TC	TLE	Ī	C		t Change	Addition
NAME	LANGE, CHARLES		5.2 N	ME	E	Edwards, Ronald			
STREET ADDRESS	2440 NE 10TH TERR			REET	ADDRESS 1	309 W. Pine St	•		
CITY-ST-ZIP	OMPANO BEACH FL			TY-ST	·ZIP I	antana, FL 334	52		
TITLE		☐ DELETE						☐ Change	☐ Addition
NAME			6.2 N	ME					
STREET ADDRESS			6.3 \$1	REET	ADDRESS				
CITY-ST-ZIP			6.4 CI	TY-ST	- ZIP				
OTT TO THE	<u></u>								

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 change-1, or on an attachment with an address, with all other like empowered.

SIGNATURE:

URLoisEGenaro Treasurer

(954)421-4525 Daytime Phone #

App ied For

Not Applicable