

2000 UNIFORM BUSINESS REPORT (UBR)

4/

FILED
May 08, 2000 8:00 am
Secretary of State

04-17-2000 90063 024 ****61.25

DOCUMENT # 701286

1. Entity Name

TRINITY COMMUNITY CHURCH OF DEERFIELD BEACH, INC

Principal Place of Business

Mailing Address

841 S.E. 2 COURT
 DEERFIELD BEACH FL 33441

841 S.E. 2 COURT
 DEERFIELD BEACH FLA 33441-4009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1432847

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Kenneth Eriks

Street Address (P.O. Box Number is Not Acceptable)

4891 NW 15 Ave

City

Pompano Bch., FL

FL

Zip Code

33064

8. 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

Kenneth Eriks

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/11/00

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" 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	MCCOLGAN, JEROME	
STREET ADDRESS	263 NE 24TH COURT	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	S	<input type="checkbox"/> Delete
NAME	HUMPHREY, GLORIA	
STREET ADDRESS	935 SE 5TH COURT	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
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	EDWARDS, RONALD	
STREET ADDRESS	1 309 W PINE STREET	
CITY-ST-ZIP	LANTAN FL 33462	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kenneth Eriks	
STREET ADDRESS	4891 NW 15 Ave	
CITY-ST-ZIP	Pompano Bch., FL 33064	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Byron Cox	
STREET ADDRESS	3355 NW 63 St	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Smith	
STREET ADDRESS	1629 Riverview Dr. #218	
CITY-ST-ZIP	Deerfield Bch., FL 33441	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marge Pugh	
STREET ADDRESS	510 NE 47th Ct.	
CITY-ST-ZIP	Pompano Bch FL 33064	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Lois Genaro SIGNATURE of **Lois Genaro, Treas.**

4/11/00

(954) 421-4525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #