

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-18-2002 90341 041 ****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 FL 33441

31204



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1432847

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ERIKS, KENNETH
 4891 NW 15 AVE
 POMPANO BEACH FL 33064

Name

~~Smith, Rev. Clayton K. III~~

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

733 SE 2nd St.

City

Deerfield Bch

FL

Zip Code

33441

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 ~~Clayton K. Smith, III, President~~

Clayton K. Smith III

4/7/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contributions

\$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	VPT	<input checked="" type="checkbox"/> Delete
NAME	ERIKS, KENNETH	
STREET ADDRESS	4891 NW 15 AVE	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	VEGA, EVELYN	
STREET ADDRESS	3011 LINTON BLVD. # 204D	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	T	<input type="checkbox"/> Delete
NAME	GENARO, LOIS	
STREET ADDRESS	810 SE 7TH ST	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	ULLRICH, REBECCA	
STREET ADDRESS	326 SW 34 AVENUE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Pres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Clayton K. Smith, III	
STREET ADDRESS	733 SE 2 St.	
CITY-ST-ZIP	Deerfield Bch., FL 33441	
TITLE	Vice Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jerome McColgan	
STREET ADDRESS	263 NE 24 Ct.	
CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Chairman of Deacons	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Smith	
STREET ADDRESS	1629 Riverview Dr. #218	
CITY-ST-ZIP	Deerfield Bch, FL 33441	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gerda Creelman	
STREET ADDRESS	750 SE 6 Ave. #320	
CITY-ST-ZIP	Deerfield Bch., FL 33441	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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*

Lois Genaro, Treasurer 4/07/02 (954)421-4525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)