


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90923 020 \*\*\*\*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**      **841 S.E. 2 COURT**  
**DEERFIELD BEACH FL 33441**      **DEERFIELD BEACH FL 33441**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1432847**      Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SMITH, CLAYTON K III**  
**733 SE 2ND STREET**  
**DEERFIELD BEACH FL 33441**

**7. Name and Address of New Registered Agent**

Name  
**Gerda Creelman**

Street Address (P.O. Box Number is Not Acceptable)  
**750 SE 6th Ave., #320**

City      State      Zip Code  
**Deerfield Bch.      FL      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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Gerda Creelman* **Gerda Creelman, V. President** **4/5/03**

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 Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
PD	SMITH, CLAYTON K III	733 SE 2 STREET	DEERFIELD BEACH FL 33441	<input checked="" type="checkbox"/>
VPD	MCCOLGAN, JEROME	263 NE 24 CT	BOCA RATON FL 33431	<input type="checkbox"/>
T	GENARO, LOIS	810 SE 7TH ST	DEERFIELD BEACH FL	<input type="checkbox"/>
CD	SMITH, RICHARD	1629 RIVERVIEW DR #218	DEERFIELD BEACH FL 33441	<input type="checkbox"/>
S	CREELMAN, GERDA	750 SE 6 AVE #320	DEERFIELD BEACH FL 33441	<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VP	Gerda Creelman	750 SE 6th Ave., #320	Deerfield Bch, FL 33441	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	Merribeth Dorvick	708 SE 4 St	Deerfield Bch., FL 33441	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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** **4/08/03** (954) 421-4525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)