

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90221 017 ****61.25

DOCUMENT # 701742

1. Entity Name

TRINITY UNITED METHODIST CHURCH, INCORPORATED, O

Principal Place of Business

Mailing Address

402 W. ENGLISH ST.
 PLANT CITY FL 33564
 US

402 W. ENGLISH ST.
 P.O. BOX 554
 PLANT CITY FLA 33564-0554
 US



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

59-2349060

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

STANKO, RAY
437 COUNTRY MEADOWS BLVD
PLANT CITY FL 33565

Name

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

City

FL

Zip Code

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

Raymond K. Stanko

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES 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	P	<input type="checkbox"/> Delete
NAME	STANKO, RAY	
STREET ADDRESS	437 COUNTRY MEADOWS BLVD	
CITY-ST-ZIP	PLANT CITY FL 33565	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LOWE, MARK	
STREET ADDRESS	4711 WEST WIND DR	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	S	<input type="checkbox"/> Delete
NAME	MACISCO, JOAN	
STREET ADDRESS	308 S EDGEWATER ST	
CITY-ST-ZIP	PLANT CITY FL 33565	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SMITH, JIMMIE	
STREET ADDRESS	908 W TEVER ST	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DINGWELL, MARK	
STREET ADDRESS	4850 NE FIRST ST	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SMITH, BEN	
STREET ADDRESS	2703 KALA LANE	
CITY-ST-ZIP	PLANT CITY FL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGERS, ART	
STREET ADDRESS	3421 GENTRY RD.	
CITY-ST-ZIP	PLANT CITY, FL 33566	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONTILLA, AUDREY	
STREET ADDRESS	2714 CHARLESTON DR.	
CITY-ST-ZIP	PLANT CITY, FL 33565	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENNING, JEFF	
STREET ADDRESS	106 DAVIS ST. N	
CITY-ST-ZIP	PLANT CITY, FL 33566	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOBBS, TRENT	
STREET ADDRESS	3205 KILMER DR.	
CITY-ST-ZIP	PLANT CITY, FL 33567	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Raymond K. Stanko
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAYMOND K STANKO 4/4/00

Date

Daytime Phone #

CR2E037 (9/99)