

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 07, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90205 030 \*\*\*\*61.25  
 08-07-2001 90015 037 \*\*\*\*61.25

**DOCUMENT # 701742**  
 1. Entity Name  
**TRINITY UNITED METHODIST CHURCH, INCORPORATED, O**

Principal Place of Business <b>402 W. ENGLISH ST.          PLANT CITY FL 33564          US</b>	Mailing Address <b>402 W. ENGLISH ST.          P.O. BOX 554          PLANT CITY FL 33564          US</b>
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DO NOT WRITE IN THIS SPACE

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 **59-2349060**

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

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

6. Name and Address of Current Registered Agent

**STANKO, RAY**  
**437 COUNTRY MEADOWS BLVD**  
**PLANT CITY FL 33565**

7. Name and Address of New Registered Agent

Name **Audrey Montella**

Street Address (P.O. Box Number is Not Acceptable)  
**2714 Charleston Drive**

City **Plant City** **FL** Zip Code **33565**

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 *Audrey J. Montella*

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**  
**After September 12, 2001, min. will be \$236.25**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>P Audrey Montella</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>2714 Charleston Drive</b>
CITY-ST-ZIP	<b>Plant City, FL 33565</b>
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<b>S Barbara Barden</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>702 N. Wheeler St.</b>
CITY-ST-ZIP	<b>Plant City, FL 33566</b>
TITLE NAME	<b>T Jeff Henning</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>106 N. Davis St.</b>
CITY-ST-ZIP	<b>Plant City, FL 33566</b>
TITLE NAME	<b>T Trent Hobbs</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>3205 Kilmer Drive</b>
CITY-ST-ZIP	<b>Plant City, FL 33567</b>
TITLE NAME	<b>T Art Rogers</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>3421 Gentry</b>
CITY-ST-ZIP	<b>Plant City, FL 33566</b>

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: *Audrey J. Montella*

CR2E037 (5/01)