

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90120 029 ****61.25

DOCUMENT # 701742

1. Entity Name

**TRINITY UNITED METHODIST CHURCH, INCORPORATED, O
 F PLANT CITY, FLORIDA**

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 FL 33564
 US**

00037462



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

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

**MONTELLA, AUDREY
 2714 CHARLESTON DRIVE
 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

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	MONTELLA, AUDREY	
STREET ADDRESS	2714 CHARLESTON DRIVE	
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	BARDEN, BARBARA	
STREET ADDRESS	702 N WHEELER ST	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	T	<input type="checkbox"/> Delete
NAME	HENNING, JEFF	
STREET ADDRESS	106 N DAVIS ST	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	T	<input type="checkbox"/> Delete
NAME	HOBBS, TRENT	
STREET ADDRESS	3205 KILMER DRIVE	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ROGERS, ART	
STREET ADDRESS	3421 GENTRY	
CITY-ST-ZIP	PLANT CITY FL 33566	

TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Chris Matthews		
STREET ADDRESS	3712 Young Rd.		
CITY-ST-ZIP	Plant City, FL 33565		
TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Ben Smith		
STREET ADDRESS	1501 W. Trapnell Rd.		
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			
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 *Audrey Montella* SIGNATURE *RE Montella*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)