


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 26, 2004 8:00 am**  
**Secretary of State**

07-26-2004 90013 018 \*\*\*61.25

**DOCUMENT # 701742**

1. Entity Name  
**TRINITY UNITED METHODIST CHURCH, INCORPORATED, OF PLANT CITY, FLORIDA**



Principal Place of Business 402 W. ENGLISH ST. PLANT CITY, FL 33564 US	Mailing Address 402 W. ENGLISH ST. P.O. BOX 554 PLANT CITY, FL 33564 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07162004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2349060	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MONTELLA, AUDREY 2714 CHARLESTON DRIVE PLANT CITY, FL 33565		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re installing)

<b>Filing Fee is \$61.25 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARBARA, BRADEN 702 N WHEDER ST PLANT CITY, FL 33566 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Barbara Barden 702 N. Wheeler St. Plant City, FL 33566 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HENNING, JEFF 7705 SAVANNAH DR PLANT CITY, FL 33563 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Chris Matthews 3712 Young Rd. Plant City FL 33565 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOBBS, TRENT 1418 PLANTATION CIR., #606 PLANT CITY, FL 33566 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Sarel Botha 5250 Miriam Dr. Lakeland, FL 33813 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MATTHEWS, CHRIS 3712 YOUNG RD PLANT CITY, FL 33565 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T David LaGrone 1312 Lindsey Plant City, FL 33566 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOBBS, TRENT 3205 KILMER DRIVE PLANT CITY, FL 33567 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Joan Malisco 308 S. Edgewater St. Plant City, FL 33565 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MATTHEWS, CHRIS 3712 YOUNG ROAD PLANT CITY, FL 33565 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Ron Rogers 2715 Kala Lane Plant City, FL 33563 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(4)(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 Block10 or Block11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara J Barden Date: 7/22/04 (813) 307-8015 x5737  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #