


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 13, 2005 8:00 am**  
**Secretary of State**

04-05-2005 90052 045 \*\*\*\*61.25

<b>DOCUMENT # 701742</b>					
1. Entry Name <b>TRINITY UNITED METHODIST CHURCH, INCORPORATED, OF PLANT CITY, FLORIDA</b>					
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>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2349060</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MONTELLA, AUDREY 2714 CHARLESTON DRIVE PLANT CITY FL 33566</b>			7. Name and Address of New Registered Agent <b>CAROLE WRIGHT 1104 E. BAKER ST. PLANT CITY, FL 33563</b>		
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 <i>Carole Wright</i>				DATE <b>2-2-05</b>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P BARDEN, BARBARA 702 N WHEDER ST PLANT CITY FL 33566	<input type="checkbox"/> Delete	T NAME STREET ADDRESS CITY- ST- ZIP	RON SHIFFLETT 514 N. CHESTNUT ROAD LAKELAND, FL 33815	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
V NAME STREET ADDRESS CITY- ST- ZIP	MATTHEWS, CHRIS 3712 YOUNG RD PLANT CITY FL 33565	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
S NAME STREET ADDRESS CITY- ST- ZIP	BOTHA, SAREL 5250 MIAMI BOA MIRIAM DRIVE LAKELAND FL 33813	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
T NAME STREET ADDRESS CITY- ST- ZIP	LAGRANE, DAVID 1312 LINDSEY PLANT CITY FL 33566	<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
T NAME STREET ADDRESS CITY- ST- ZIP	MACISCO, JOAN 308 S EDGEWATER ST PLANT CITY FL 33565	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
T NAME STREET ADDRESS CITY- ST- ZIP	ROGERS, RON 2715 KALA LANE PLANT CITY FL 33565	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input 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(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: <i>Barbara J. Barden</i>				DATE: <b>2-2-05</b>	

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1st MOORE CR2E037 (10/04)