

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 03, 2006
Secretary of State**

DOCUMENT# 701742

Entity Name: TRINITY UNITED METHODIST CHURCH, INCORPORATED, OF PLANT CITY, FLORIDA

Current Principal Place of Business:

402 W. ENGLISH ST.
PLANT CITY, FL 33564 US

New Principal Place of Business:

Current Mailing Address:

402 W. ENGLISH ST.
P.O. BOX 554
PLANT CITY, FL 33564 US

New Mailing Address:

FEI Number: 59-2349060 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WRIGHT, CAROLE
1104 E BARKER ST
PLANT CITY, FL 33563 US

Name and Address of New Registered Agent:

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: CAROLE R. WRIGHT

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BARDEN, BARBARA
Address: 702 N WHEDER ST
City-St-Zip: PLANT CITY, FL 33566

Title: V () Delete
Name: MATTHEWS, CHRIS
Address: 3712 YOUNG RD
City-St-Zip: PLANT CITY, FL 33565

Title: T () Delete
Name: BOTHA, SAREL
Address: 5250 MIVILN DR
City-St-Zip: LAKELAND, FL 33813

Title: T () Delete
Name: SHIFFLETT, RON
Address: 516 N CHESNUT RD
City-St-Zip: LAKELAND, FL 33815

Title: T () Delete
Name: MACISCO, JOAN
Address: 308 S EDGEWATER ST
City-St-Zip: PLANT CITY, FL 33565

Title: T () Delete
Name: ROGERS, RON
Address: 2715 KALA LANE
City-St-Zip: PLANT CITY, FL 33563

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLE R. WRIGHT

Electronic Signature of Signing Officer or Director

TREA

10/03/2006

Date