

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701742

FILED
Apr 23, 2009
Secretary of State

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

Current Principal Place of Business:

402 W. ENGLISH ST.
PLANT CITY, FL 33563 US

New Principal Place of Business:

Current Mailing Address:

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 BAKER 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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BOTHA, SAREL
Address: 5250 MIRIAM DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: P () Delete
Name: CLARK, SAM
Address: 1903 N GOLFVIEW DRIVE
City-St-Zip: PLANT CITY, FL 33566

Title: D () Delete
Name: ROGERS, KEVIN
Address: 6096 VELVET LOOP
City-St-Zip: LAKELAND, FL 33811

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

Title: V () Delete
Name: KENT, LAMAR
Address: 603 N WILLS STREET
City-St-Zip: PLANT CITY, FL 33563

Title: D () Delete
Name: STERNBAUER, BETTY
Address: 2702 SAVANNAH DRIVE
City-St-Zip: PLANT CITY, FL 33563

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: CLARK, SAM
Address: 1903 N GOLFVIEW DRIVE
City-St-Zip: PLANT CITY, FL 33566

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

Title: D (X) Change () Addition
Name: STEPHENSON, JOE
Address: 402 W. ENGLISH
City-St-Zip: PLANT CITY, FL 33563

Title: P (X) Change () Addition
Name: KENT, LAMAR
Address: 603 N WILLS STREET
City-St-Zip: PLANT CITY, FL 33563

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

I hereby certify that the information supplied with this filing does not qualify 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

RA

04/23/2009

Electronic Signature of Signing Officer or Director

_____ Date