FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # 705618

Corporation Name

TRINITY UNITED METHODIST CHURCH OF PALM BEACH GA

Country

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State

Zip

US

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.=

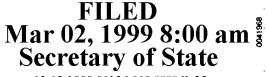
9625 N. MILITARY TRAIL PALM BEACH GARDENS FL 33410-5498 9625 N. MILITARY TRAIL PALM BEACH GARDENS FL 33410-5498

US

26

27

28



03-02-1999 90136 008 ****61.25



Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

05/16/1963

≟EEI Number===

59-1148356

24	- 2		30	Ц.,		Trust Fund Contribution		Added to	1 1 0 0 0	
1	Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
	·				Name					
HURD	, ROGER	ROGER				Address (P.O. Box Number is Not A	Acceptable)			
	MILITARY TRAIL					·	· · · · · · · · · · · · · · · · · · ·			
STE.		inici (A) i i i a a c								
	BEACH GARDENS FL 33410				City			85 Zip C	ode	
	ILM BEACH GARDENS FL 33410						FL		000	
11. Pursi	ant to the provision	ns of Sections 617.0502 and 6	17,1508, Florida Statutes,	the above	s-named	corporation submits this statement	for the purpose of	changing its r	egistered	
office	or registered agen	nt, or both, in the State of Flori , and accept the obligations of	ia. Such change was auth	orizea dv.	the com-	oration's board of directors. I hereby	accept the appoil	ntment as reg	istered	
agen	t. I am tamiliar with	, and accept the obligations of	, Section 617,0505, Florida	o Glatotes	•					
SIGNATU	JRE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered					required when reinstating)	DATE			
12.	Olfrigues types o	OFFICERS AND DIRE		13.		ADDITIONS/CHANGES	TO OFFICERS AN	D DIRECTOR	RS IN 12	
TITLE	PD		☐ DELETE	1.1 TITLE				Change	☐ Addition	
NAME 1	FETTER, GL	ENN C		1.2 NAME	·	<u> </u>				
STREET ADD	40040 3145		,	1.3 STREET	ADDRESS	•				
CITY-ST-ZIP,	HIDDEED CL			1,4 CITY-S	r-zip					
TITLE	VD		☐ DELETE	2.1 TITLE				☐ Change	☐ Addition	
NAME .	JANICE, UN	IWIN L		2.2 NAME						
STREET ADD				2.3 STREET	ADDRESS					
CITY-ST-ZIP	D1111 DE46	CH GARDENS FL		2. 4 CITY- 8	ST-ZIP		<u> </u>			
TITLE	SD		DELETE	3.1 TITLE		SD		☐ Change	A Addition	
NAME	KLEBE, GAI	IL .	•	3.2 NAME		SMILEY, KATHY	•		,	
STREET ADD	0.100			3.3 STREET	ADDRESS	4610 SPRUCE LANE				
CITY-ST-ZIP	NORTH PAI	LM BEACH FL 33408		3.4. CITY-S	T-ZIP	PALM BEACH GARDENS	s, FL 3341			
TILE			☐ DELETE	4.1 TITLE		1	•	Change	Addition	
NAME				4.2 NAME						
STREET ADD	RESS			4.3 STREE	TADDRESS			_	٠.	
CITY-ST-ZIP				4.4 CITY-S	T-ZIP					
TITLE			☐ DELETE	5.1 TITLE		·		Change	Addition	
NAME		,		5.2 NAME						
STREET ADD	RESS	•		5.3 STREET					,	
CITY-ST-ZIP				5.4 CITY-S	T-ZIP		·	Channe	- Addition	
TITLE			☐ DELETE	6.1 TITLE				Change	☐ Addition	
NAME			(·)	6.2 NAME			•			
STREET ADD	RESS	~ <i>^</i> /	/		T ADDRESS	<u> </u>	,		[
CITY-ST-ZIP				6.4 CITY S	T-ZIP	in Continu 440mT(2)(i) Florida C4	tutos 1 further per	tifu that the in	formation	
14. I hereby certify that the information surplied with this filing does not qualify for the examption stated in Section 149:07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or surplieme tal annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation of the receiver of trustee empowered to execute his reporting required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, 9 on an attachment with an address with all other like empowered.										
officer or director of the corporation or the redelver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in										
Block	k 12 or Block 13 if o	changed, of on an attaghment	wit⊓ an address⊌vith all ot	uet ike ei	проучере	u.	•			

Country