

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708151

FILED
Feb 04, 2005
Secretary of State

Entity Name: THE TRINITY METHODIST CHURCH OF FORT WALTON BEACH, FLORIDA, INC.

Current Principal Place of Business:

403 RACETRACK RD, NW
FORT WALTON BEACH, FL 32547

New Principal Place of Business:

Current Mailing Address:

403 RACETRACK RD, NW
FORT WALTON BEACH, FL 32547

New Mailing Address:

FEI Number: 59-1027446

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DUKE, RAYMOND
PO BOX 1772
FORT WALTON BEACH, FL 32549 US

Name and Address of New Registered Agent:

DUKE, RAYMOND H
PO BOX 1772
FORT WALTON BEACH, FL 32549 US

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: RAYMOND H. DUKE

02/04/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DUKE, RAYMOND
Address: PO BOX 1772
City-St-Zip: FORT WALTON BEACH, FL 32549

Title: VD () Delete
Name: KUHN, WAYNE
Address: 13 NW MIMOSA
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: SD () Delete
Name: SCHMITT, CARLA
Address: 676 MERIONRTH DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: SCHMITT, CARLA
Address: 676 MERIONETH DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32547

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RAYMOND H. DUKE

PD

02/04/2005

Electronic Signature of Signing Officer or Director

Date