

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

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90217 050 \*\*\*\*61.25

**DOCUMENT # 720009**

1. Entity Name

TRINITY UNITED METHODIST CHURCH OF CHARLOTTE  
HARBOR, INC.



Principal Place of Business

23084 SENECA  
PORT CHARLOTTE FL 33949

Mailing Address

P.O. BOX 495895  
PORT CHARLOTTE FL 33949-5895

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6515026

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MENSINGER, JOYCE  
898 GREAT FALLS TERR  
PORT CHARLOTTE FL 33948

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	FRANKLIN, COURTNEY	
STREET ADDRESS	4372 PINNACLE STREET	
CITY-ST-ZIP	PORT CHARLOTTE FL 33980	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	SIMONS, MALCOLM	
STREET ADDRESS	1339 REDOAK LANE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	
TITLE	C	<input type="checkbox"/> Delete
NAME	GOODRICH, NANCY	
STREET ADDRESS	21336 NE HIGGS DR	
CITY-ST-ZIP	PT CHARLOTTE FL 33952	
TITLE	C	<input type="checkbox"/> Delete
NAME	ROUSH, RICHARD	
STREET ADDRESS	21360 WARDELL AVE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33983	
TITLE	C	<input type="checkbox"/> Delete
NAME	CLAFLIN, DONALD	
STREET ADDRESS	18679 N KERRVILLE CIRCLE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	
TITLE	C	<input type="checkbox"/> Delete
NAME	MENSINGER, JOYCE	
STREET ADDRESS	898 GREAT FALLS TERR	
CITY-ST-ZIP	PT CHARLOTTE FL 33948	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECEASED
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

*Joyce Mensinger*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/2005 941-625-3759

Date

Daytime Phone #