

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90047 040 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

7. Name and Address of New Registered Agent

**MENSINGER, JOYCE
898 GREAT FALLS TERR
PORT CHARLOTTE FL 33948**

Name

Mensinger, Joyce

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

957 Great Falls Terr

City **Port Charlotte**

FL

33948

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

exists

Agent signature required when reinstating.

Date

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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 **CTR** ☐ Delete
NAME **HALL, STEVEN**
STREET ADDRESS **3124 CROWDER ST**
CITY-STATE-ZIP **PORT CHARLOTTE FL 33980**

TITLE **CAC** ☐ Delete
NAME **ROACH, DORRELL**
STREET ADDRESS **18154 LAKE WORTH BLVD**
CITY-STATE-ZIP **PORT CHARLOTTE FL 33948**

TITLE **C** ☐ Delete
NAME **ROUSH, RICHARD**
STREET ADDRESS **21360 WARDELL AVE**
CITY-STATE-ZIP **PORT CHARLOTTE FL 33983**

TITLE **C** ☒ Delete
NAME **CLAFIN, DONALD**
STREET ADDRESS **18679 N KERRVILLE CIRCLE**
CITY-STATE-ZIP **PORT CHARLOTTE FL 33948**

TITLE **C** ☐ Delete
NAME **MENSINGER, JOYCE**
STREET ADDRESS **898 GREAT FALLS TERR**
CITY-STATE-ZIP **PT CHARLOTTE FL 33948**

TITLE **CSP** ☐ Delete
NAME **FRANCIS, LARRY**
STREET ADDRESS **437 BLARNEY**
CITY-STATE-ZIP **PORT CHARLOTTE FL 33954**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Finance Chairman** ☐ Change ☒ Addition
NAME **Price, Dennis**
STREET ADDRESS **26044 Copiapo Circle**
CITY-STATE-ZIP **Punta Gorda, FL 33983**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

JOYCE MENSINGER

Date

Daytime Phone #

941-625-3759