2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2008 8:00 am
Secretary of State
01-29-2008 90027 007 ****61.25

DOCUMENT # 720009

1. Entity Name

TRINITY UNITED METHODIST CHURCH OF CHARLOTTE HARBOR, INC.

Principal Place of Business	Mailing Address
23084 SENECA PORT CHARLOTTE FL 33949	P.O. BOX 495895 PORT CHARLOTTE FL 33949-5895

1st MOORE CR2E037 (10/07)

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

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 957 GREAT FALLS TERR PORT CHARLOTTE FL 33948	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, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CTR HALL, STEVEN 3124 CROWDER ST PORT CHARLOTTE FL 33980	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CTR Tom Keegan 5055 Melbourne St. Charlotte Harbor, FL 33980	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CAC ROACH, DORRELL 18154 LAKE WORTH BLVD PORT CHARLOTTE FL 33948	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FINANCE SECRETARY Betty Holicki 24541 Harborview Rd. Port Charlotte, FL 33980	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C ROUSH, RICHARD 21360 WARDELL AVE PORT CHARLOTTE FL 33983	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FC PRICE, DENNIS 26044 COPIAPO CIRCLE PUNTA GORDA FL 33983	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C MENSINGER, JOYCE 898 GREAT FALLS TERR PT CHARLOTTE FL 33948	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CSP FRANCIS, LARRY 437 BLARNEY PORT CHARLOTTE FL 33954	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 1/23/08 941-625-3759