2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# 720009

Entity Name: TRINITY UNITED METHODIST CHURCH OF CHARLOTTE HARBOR, INC.

Current Principal Place of Business:

23084 SENECA
PORT CHARLOTTE, FL 33949

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 495895
PORT CHARLOTTE, FL 339495895

New Mailing Address:

FEI Number: 59-6515026 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MENSINGER, JOYCE
957 GREAT FALLS TERR
PORT CHARLOTTE, FL 33948 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	CTR	( ) Delete
Name:	KEEGAN, TOM	
Address:	5055 MELBOURNE ST	
City-St-Zip:	PORT CHARLOTTE, FL 33980	
Title:	FS	( ) Delete
Name:	HOLICKI, BETTY	
Address:	24541 HARBORVIEW RD	
City-St-Zip:	PORT CHARLOTTE, FL 33980	
Title:	C	( ) Delete
Name:	ROUSH, RICHARD	
Address:	21360 WARDELL AVE	
City-St-Zip:	PORT CHARLOTTE, FL 33983	
Title:	FC	( ) Delete
Name:	PRICE, DENNIS	
Address:	26044 COPIAPO CIRCLE	
City-St-Zip:	PUNTA GORDA, FL 33983	
Title:	C	( ) Delete
Name:	MENSINGER, JOYCE	
Address:	898 GREAT FALLS TERR	
City-St-Zip:	PT CHARLOTTE, FL 33948	
Title:	CSP	( ) Delete
Name:	FRANCIS, LARRY	
Address:	437 BLARNEY	
City-St-Zip:	PORT CHARLOTTE, FL 33954	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	C	(X) Change ( ) Addition
Name:	MENSINGER, JOYCE	
Address:	957 GREAT FALLS TERR	
City-St-Zip:	PT CHARLOTTE, FL 33948	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JOYCE MENSINGER C 01/07/2009

Electronic Signature of Signing Officer or Director — Date