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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **723971** **(8)**

1. Corporation Name

TRINITY CHRISTIAN CENTER, INC.

Principal Place of Business	Mailing Address
4416 E.S.R. 540A LAKELAND FL 33813	4416 E.S.R. 540A LAKELAND FL 33813-3978

3. Date Incorporated or Qualified: 07/26/1972
3a. Date of Last Report: 03/18/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-1700889 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

OLSON, HARLEY W.
SANLAN RANCH #42, 3929 US HNWY 98 S
LAKELAND FL 33813

10. Name and Address of New Registered Agent

81 Name: Philip K Hulzebos
82 Street Address (P.O. Box Number is Not Acceptable): 115 Dunn Ct.
83: Lakeland, Fl 33809
84 City: **FL** 85 Zip Code: 33813

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: [signature] PHILIP K. HULZEBOS 3-28-97
Signature, typed or printed name of registered agent and date, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE	TD	☐ Change ☐ Addition
NAME	ROBINETTE, JEROME		1.2 NAME	Jerome Robinette	
STREET ADDRESS	1112 W. BEACON ROAD #149		1.3 STREET ADDRESS	1112 W. Beacon Road #149	
CITY-ST-ZIP	LAKELAND FL		1.4 CITY-ST-ZIP	Lakeland, Fl 33803	
TITLE	PD	☒ DELETE	2.1 TITLE	President PD	☐ Change ☒ Addition
NAME	OLSON, HARLEY W.		2.2 NAME	Philip K Hulzebos	
STREET ADDRESS	3929 US HNWY 98 S		2.3 STREET ADDRESS	115 Dunn Ct.	
CITY-ST-ZIP	LAKELAND FL		2.4 CITY-ST-ZIP	Lakeland, Fl 33809	
TITLE	SD	☒ DELETE	3.1 TITLE	Secretary SD	☐ Change ☒ Addition
NAME	PINKERTON, MICHAEL		3.2 NAME	Jim Steverson	
STREET ADDRESS	920 SUSAN DRIVE		3.3 STREET ADDRESS	1604 Sterling Dr.	
CITY-ST-ZIP	LAKELAND FL		3.4 CITY-ST-ZIP	Lakeland, Fl 33813	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] REQUIRED President (941) 696-2860
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR Date Daytime Phone # 0053146