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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 723971

1. Corporation Name

TRINITY CHRISTIAN CENTER, INC.

Principal Place of Business

4416 E.S.R. 540A
LAKELAND FL 33813

Mailing Address

4416 E.S.R. 540A
LAKELAND FL 33813



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	07/26/1972
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-1700889
24 Country	29 Country	Applied For
	30	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

9. Name and Address of Current Registered Agent

HULZEBOS, PHILIP K.
4338 DAVID CRUM LANE
LAKELAND FL 33813

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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, typed or printed name of registered agent and title 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	1.1 TITLE	
NAME	ROWLAND, ALLAN	1.2 NAME	
STREET ADDRESS	5909 WINDWOOD DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33813	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	
NAME	HULZEBOS, PHILIP K.	2.2 NAME	
STREET ADDRESS	4338 DAVID CRUM LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33813	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	SHERWOOD, JENNIFER	3.2 NAME	
STREET ADDRESS	P O BOX 984, 5511 FIRST ST SE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND CITY FL 33846	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Philip K. Hulzebos

Date

5/14/99

Daytime Phone #

(941) 646-2860

CR2E037 (11/98)