## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Jul 29, 2004 8:00 am **Secretary of State DOCUMENT # 723971** 1. Entity Name 07-29-2004 90014 011 \*\*\*\*70.00 TRINITY CHRISTIAN CENTER, INC. Mailing Address Principal Place of Business 4416 E.S.R. 540A LAKELAND FL 33813 4416 E.S.R. 540A LAKELAND FL 33813 2. Principal Place of Business 3. Mailing Address 4416 E.CR 540 A 4416 E. CR 540A Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (4/04) City\_& State 4. FEI Number Applied For 59-1700889 Lakeland <u>akeland</u> Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33̃8/3 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name -HULZEBOS, PHILIP K. 4338 DAVID CRUM LANE Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 33813 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) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Due By September 8, 2004 Florida Department of State 10. \*OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE 🦏 . ROWLAND, ALLAN NAME NAME 5909 WINDWOOD DR STREET ADDRESS STREET ADDRESS LAKELAND FL 33813 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE HULZEBOS, PHILIP K. NAME 4338 DAVID CRUM LANE STREET ADDRESS STREET ADDRESS LAKELAND FL 33813 CITY-ST-ZIP CITY-ST-ZIP SD TITLE ☐ Delete ☐ Addition STEVERSON, JIM STEVENSON, JIM NAME NAME 1604 STERLING DRIVE 1604 STERLING DRIVE STREET ADDRESS STREET ADDRESS LAKELAND FL 33813 CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33813 TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 12. Thereby 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 report er 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 in stee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE

**FILED**