2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # 723971

1. Entity 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

01102006 No Chg-NP CR2E037 (11/05)

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

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

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	ROWLAND, ALLAN
STREET ADDRESS	5909 WINDWOOD DR
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	PD
NAME	HULZEBOS, PHILIP K.
STREET ADDRESS	4338 DAVID CRUM LANE
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	SD
NAME	STEVERSON, JIM
STREET ADDRESS	1604 STERLING DRIVE
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/02/06-80040-022 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Allan Rowland ALLAN Rowland 4-12-06 863-646-2960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #