


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2004 8:00 am
Secretary of State

08-03-2004 90009 041 ****70.00

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|---|--------------------------------|--|---|--|--|
| DOCUMENT # 730620 1. Entity Name TRINITY CHURCH OF THE NAZARENE OF LAKE CITY, INC | | | |  | |
| Principal Place of Business ROUTE 47 SOUTH P.O. BOX 1392 LAKE CITY, FL 32056 US | | | Mailing Address ROUTE 47 SOUTH P.O. BOX 1392 LAKE CITY, FL 32056 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-6554288 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent CRAFT, MARGARET GARY W. MONK 3303 G. MARION 17708 N. STATE RD. 121 PO BOX 1303 GAINESVILLE, FL 32653 LAKE CITY, FL 32056 | | | | 7. Name and Address of New Registered Agent Name GARY W. MONK Street Address (P.O. Box Number is Not Acceptable) 17708 N. STATE RD. 121 City GAINESVILLE FL Zip Code 32653 | |
| 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 <u>G.W. Monk / G.W. Monk</u> DATE <u>08-01-04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by September 8, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CLEMONS, HENRY JR | | NAME | | |
| STREET ADDRESS | RT 3 BOX 128F N/A | | STREET ADDRESS | | |
| CITY-ST-ZIP | LAKE CITY, FL 32025 | | CITY-ST-ZIP | | |
| TITLE | T | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | DITTER, MARION | | NAME | | |
| STREET ADDRESS | 16248 115TH RD | | STREET ADDRESS | | |
| CITY-ST-ZIP | MCALPIN, FL 32062 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SISTRANK, SHERRILL | | NAME | | |
| STREET ADDRESS | 18102 SE CR 137 | | STREET ADDRESS | | |
| CITY-ST-ZIP | WHITE SPRINGS, FL 32096 | | CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | LAMBERSON, GRACE | | NAME | | |
| STREET ADDRESS | RT. 9 BOX 2154 | | STREET ADDRESS | | |
| CITY-ST-ZIP | LAKE CITY, FL 32024 | | CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CRAFT, MARGARET | | NAME | | |
| STREET ADDRESS | P O BOX 1303 N/A | | STREET ADDRESS | | |
| CITY-ST-ZIP | LAKE CITY, FL 32056 | | CITY-ST-ZIP | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WALT WOOD BRIDGE | | NAME | | |
| STREET ADDRESS | 234 Jeremy Pl. | | STREET ADDRESS | | |
| CITY-ST-ZIP | LAKE CITY, FL | | CITY-ST-ZIP | | |
| 12. 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 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: <u>G.W. Monk</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <u>08-01-04</u> <small>Date</small> | | <u>(386) 752-7175</u> <small>Daytime Phone #</small> |