

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731867

FILED
Apr 24, 2007
Secretary of State

Entity Name: TRINITY BAPTIST CHURCH OF SUN CITY CENTER, FLORIDA, INC.

Current Principal Place of Business:

702 DEL WEBB BLVD.
SUN CITY CENTER, FL 335735259

New Principal Place of Business:

Current Mailing Address:

702 DEL WEBB BLVD.
SUN CITY CENTER, FL 335735259

New Mailing Address:

FEI Number: 59-1621926 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HIPPERT, IVA M
1226 FAIRWAY GREENS DR
SUN CITY CENTER, FL 33573 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: HIPPERT, IVA M
Address: 1226 FAIRWAY GREENS DR
City-St-Zip: SUN CITY CENTER, FL 33573

Title: FST () Delete
Name: WIGHT, CAROLYN
Address: 709 WARD CIR
City-St-Zip: SUN CITY CENTER, FL 33573

Title: CCD () Delete
Name: ELARTH, VERNON
Address: 1314 LENOX GREENS DR.
City-St-Zip: SUN CITY CENTER, FL 33573

Title: CBT () Delete
Name: WILLIAMS, CLINT
Address: 1310 LENOX GREENS DR
City-St-Zip: SUN CITY CENTER, FL 33573

Title: CC () Delete
Name: SCHAFER, JUDITH
Address: 2204 HORSHAM PL.
City-St-Zip: SUN CITY CENTER, FL 33573

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CBT (X) Change () Addition
Name: CONNERS, JAMES L
Address: 1801 ORCHID COURT
City-St-Zip: SUN CITY CENTER, FL 33573

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IVA M. HIPPERT

T

04/24/2007

Electronic Signature of Signing Officer or Director

_____ Date