

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 735166

1. Entity Name
**TRINITY UNITED PRESBYTERIAN CHURCH,
INCORPORATED, TALLAHASSEE, FLORIDA**



Principal Place of Business
**620 GORE AVE
TALLAHASSEE, FL 32310**

Mailing Address
**P.O. BOX 5796
TALLAHASSEE, FL 32314-5796**

FILED
04 APR 30 AM 11:40
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



03022004 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-2424579	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WOOLFORK, ROBERT
THE MURPHY HOUSE
317 EAST PARK AVENUE
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARRETT, JAMES R. 4087 ROSECREA DRIVE TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D ANTWI, CHRISTIAN G. 2925 MODRED LANE TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COZART-HAWKINS, DEBORAH 717 MILLARD ST. TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRICKLER, MILDRED 1000 BRANDT DR. TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATE, W. L. 221 LINCOLN ST. TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERT WOOLFORK 317 EAST PARK AVE TALLAHASSEE, FL

300035734893
05/07/04--01020--016 **61.25

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT WOOLFORK

04.29.04 (850) 224-9887

Date

Daytime Phone #