

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

7:00 PM MAY 03 2005


FILED

05 APR 29 AM 7:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04282005 Chg-NP CR2E037 (10/03)

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		
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 59-2424579	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WOOLFORK, ROBERT THE MURPHY HOUSE 317 EAST PARK AVENUE TALLAHASSEE, FL 32301				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				State	
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, 2005		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	TD	<input type="checkbox"/> Delete	TITLE	S/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRETT, JAMES R.		NAME	ROSAN HOUTON-AUTREY	
STREET ADDRESS	4087 ROSECREA DRIVE		STREET ADDRESS	617 HOWARD AVENUE	
CITY-ST-ZIP	TALLAHASSEE, FL		CITY-ST-ZIP	TALLAHASSEE, FL	
TITLE	S/D	<input checked="" type="checkbox"/> Delete	TITLE	WILLIAM H. COTTON	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTHONY CHRISTIAN		NAME	1613 WOODGATE WAY	
STREET ADDRESS	2926 MODRED LANE		STREET ADDRESS	TALLAHASSEE, FL	
CITY-ST-ZIP	TALLAHASSEE, FL		CITY-ST-ZIP	TALLAHASSEE, FL	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COZART-HAWKINS, DEBORAH		NAME	CURTIS L. KING	
STREET ADDRESS	717 MILLARD ST.		STREET ADDRESS	212 OSCEOLA STREET	
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP	TALLAHASSEE, FL	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRICKLER, MILDRED		NAME	EDWIN NORWOOD, JR	
STREET ADDRESS	1000 BRANDT DR.		STREET ADDRESS	714 BROOKRIDGE DR	
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP	TALLAHASSEE, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GATEWAY		NAME	CHARLES H. ROLLINS	
STREET ADDRESS	221 LINCOLN ST.		STREET ADDRESS	3148 ELIZA RD	
CITY-ST-ZIP	TALLAHASSEE, FL 32304		CITY-ST-ZIP	TALLAHASSEE, FL	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT WOOLFORK		NAME	CHARLES W. SMITH	
STREET ADDRESS	317 EAST PARK AVE		STREET ADDRESS	3039 CLAUDINE DRIVE	
CITY-ST-ZIP	TALLAHASSEE, FL		CITY-ST-ZIP	TALLAHASSEE, FL	
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 any other fee empowered.					
SIGNATURE: <u>Robert Woolfork</u> <u>Robert Woolfork</u> 4.29.05 850.224.9887					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone					