

2008 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

2008 APR 30 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04292008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-2424579

Applied For
Not Applicable

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, 2008**

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 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOUSTON-AUTREY, ROSA 617 HOWARD AVE TALLAHASSEE, FL 32305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOOLFORK, ROBERT 317 EAST PARK AVENUE 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 COTTON, WILLIAM H 1613 WOODGATE WAY TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

200127276482
04/30/08--01009--021 **62.50

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.29.2008

Date

850.224.9887

Daytime Phone #