2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007
Secretary of State

DOCUMENT# 738711

Entity Name: TRINITY UNITED METHODIST CHURCH OF SARASOTA, FLORIDA, INC.

Current Principal Place of Business:

4150 S. SHADE AVE.
SARASOTA, FL 34231

New Principal Place of Business:

Current Mailing Address:

4150 S. SHADE AVE.
SARASOTA, FL 34231

New Mailing Address:

FEI Number: 59-0906732 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILNER, JERRY F REV
4150 SOUTH SHADE AVENUE
SARASOTA, FL 34231 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: CD ( ) Delete
Name: FILLMORE, ERMA
Address: 8691 WOODBRIAR DR
City-St-Zip: SARASOTA, FL 34238

Title: D ( ) Delete
Name: LANDIS, BRUCE
Address: 2232 PINE TERRACE
City-St-Zip: SARASOTA, FL 34231

Title: SD ( ) Delete
Name: MCGUIRT, KAREN
Address: 1810 ROBIN HOOD STREET
City-St-Zip: SARASOTA, FL 34231

Title: D ( ) Delete
Name: RAYMOND, MARY
Address: 2823 COVENTRY WAY
City-St-Zip: SARASOTA, FL 34231

Title: D ( ) Delete
Name: BECK, KEN
Address: 4940 WINDFLOWER CIRCLE
City-St-Zip: SARASOTA, FL 34241

Title: D ( ) Delete
Name: SPRENGER, FRITZ
Address: 1917 RAIN FOREST TRAIL
City-St-Zip: SARASOTA, FL 34240

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

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

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: ERMA FILLMORE CD 04/20/2007

Electronic Signature of Signing Officer or Director — Date