2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008
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:	D	(X) Change ( ) Addition
Name:	STEFFKE, JIM	
Address:	3307 SABAL COVE CIRCLE	
City-St-Zip:	LONGBOAT KEY, FL 34228	
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 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 04/10/2008

Electronic Signature of Signing Officer or Director — Date