



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90078 032 ****61.25

DOCUMENT # 741010 1. Entity Name TRINITY UNITED METHODIST CHURCH OF LAKE LAND, INC.					
Principal Place of Business ELAND, INC. 715 CORNELIA AVENUE LAKELAND, FL 33815-4411 US			Mailing Address ELAND, INC. 715 CORNELIA AVENUE LAKELAND, FL 33801 US		
2. Principal Place of Business Lakeland, Florida		3. Mailing Address Suite, Apt. #, etc. 715 Cornelia Ave. City & State Lakeland, FL 33815-4411 Zip 33815-4411 Country Polk			
Suite, Apt. #, etc. 715 Cornelia Ave.		Suite, Apt. #, etc. 715 Cornelia Ave.			
City & State Lakeland, FL 33815-4411		City & State Lakeland, FL 33815-4411		4. FEI Number 59-2352879	
Zip 33815-4411 Country Polk		Zip 33815-4411 Country Polk		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PAUL, CRAIG 715 CORNELIA AVENUE LAKELAND, FL 33815				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY - ST - ZIP	CD JORDAN, JOHANNA 319 ALICE DR LAKELAND, FL 338153416 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCD THOMPSON, ROBERT 407A HOWARD AVE. LAKELAND, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CYRUS, NELDA 1248 MORGAN DR. LAKELAND, FL 33801 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PRESCOTT, PAUL 1112 BEACON AVE., #157 LAKELAND, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CDP LITTLE, NORMAN 215 MURRAY DR LAKELAND, FL 33815 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Jack Gordon 332 Bird Ave. Lakeland, FL 33815-3769 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LUCAS, MIKE 6716 WOODSIDE CT LAKELAND, FL 33813 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Mike Lucas, Director 1/10/06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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