


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 741010</b>	
1. Entity Name <b>TRINITY UNITED METHODIST CHURCH OF LAKELAND, INC.</b>	

Principal Place of Business <b>715 CORNELIA AVENUE LAKELAND, FL 33815-4411 US</b>	Mailing Address <b>715 CORNELIA AVENUE LAKELAND, FL 33815-4411 US</b>
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01082008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2352879</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>DAVIS, SHARON 1020 JOSEPHINE ST LAKELAND, FL 33815</b>
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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)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FENTON, KEN 54 INMAN DR S. LAKELAND, FL 338154236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD THOMPSON, ROBERT 407A HOWARD AVE. LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CYRUS, NELDA 1248 MORGAN DR. LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRESCOTT, PAUL 1112 BEACON AVE., #157 LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORDON, JACK 332 BIRD AVE LAKELAND, FL 338153769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUCAS, MIKE 6716 WOODSIDE CT LAKELAND, FL 33813

U00000783447  
01/16/08-80014-025 61.25

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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: <u>Mike Lucas</u> <b>MIKE LUCAS</b>	Date: <u>01-09-2008</u>	Daytime Phone #: <u>863-644-1509</u>
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