

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741217

FILED
May 08, 2006
Secretary of State

Entity Name: TRINITY UNITED METHODIST CHURCH OF JENSEN BEACH, INC.

Current Principal Place of Business:

2221 NE SAVANNA ROAD
JENSEN BEACH, FL 349575426 US

New Principal Place of Business:

Current Mailing Address:

2221 NE SAVANNA ROAD
JENSEN BEACH, FL 349575426 US

New Mailing Address:

FEI Number: 59-1716188 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RITTER, MAURICE
674 SW VIOLET AVE.
PORT SAINT LUCIE, FL 34983 US

Name and Address of New Registered Agent:

BOONE, SUSAN
426 NE FICUS TERRACE
JENSEN BEACH, FL 34957 US

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: SUSAN BOONE

05/08/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TR () Delete
Name: CHADWICK, DAVIC
Address: 668 NE MARANTA TERRADO
City-St-Zip: JENSEN BEACH, FL 34957

Title: TR () Delete
Name: SHOUP, NANCY
Address: 133 NE CYPRESS TRAIL
City-St-Zip: JENSEN BEACH, FL 34957

Title: TR (X) Delete
Name: HERO, STEVE
Address: 4083 NE SKYLINE DRIVE
City-St-Zip: JENSEN BEACH, FL 34957

Title: TR () Delete
Name: RITTER, STEELE
Address: 1693 NE 24TH STREET
City-St-Zip: JENSEN BEACH, FL 34957

Title: TR (X) Delete
Name: DONNELLY, JOHN
Address: 1078 NE GREENLAWN DR
City-St-Zip: JENSEN BEACH, FL 34957

Title: TR () Delete
Name: REED, SALLY
Address: 1261 SE RICKENBACKER
City-St-Zip: PORT SAINT LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TR (X) Change () Addition
Name: RHODES, SAMUEL
Address: 1867 NE RIDGE AVENUE
City-St-Zip: JENSEN BEACH, FL 34957

Title: TR (X) Change () Addition
Name: WRIGHT, PHIL
Address: 2008 GINGER TERRACE
City-St-Zip: JENSEN BEACH, FL 34957

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: SUSAN BOONE

BK

05/08/2006

Electronic Signature of Signing Officer or Director

Date