

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741217

FILED  
Apr 21, 2009  
Secretary of State

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

**Current Principal Place of Business:**

2221 NE SAVANNAH ROAD  
JENSEN BEACH, FL 349575426 US

**New Principal Place of Business:**

**Current Mailing Address:**

2221 NE SAVANNAH 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 ( )**

**Name and Address of Current Registered Agent:**

BOONE, SUSAN  
426 NE FICUS TERRACE  
JENSEN BEACH, FL 34957 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: TRST ( ) Delete  
Name: RHODES, SAMUEL  
Address: 1867 NE RIDGE AVENUE  
City-St-Zip: JENSEN BEACH, FL 34957

Title: TRST ( ) Delete  
Name: WRIGHT, PHIL  
Address: 2008 GINGER TERRACE  
City-St-Zip: JENSEN BEACH, FL 34957

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TRST (X) Change ( ) Addition  
Name: BAKER, DARRYL  
Address: 3637 SE LAMAY DRIVE  
City-St-Zip: STUART, FL 34994

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

Title: TRST (X) Change ( ) Addition  
Name: REED, SALLY  
Address: 1261 SE RICKENBACKER  
City-St-Zip: PORT SAINT LUCIE, FL 34952

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: SUSAN BOONE

RA

04/21/2009

Electronic Signature of Signing Officer or Director

Date