

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2007 8:00 am
Secretary of State

01-10-2007 90049 026 ****61.25

DOCUMENT # 743841

1. Entity Name
**TRINITY UNITED CHURCH OF CHRIST OF ST.
PETERSBURG, FLORIDA, INC.**



Principal Place of Business
**1150- 49TH. STREET NORTH
ST. PETERSBURG, FL 33710**

Mailing Address
**1150- 49TH. STREET NORTH
ST. PETERSBURG, FL 33710**



01032007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0791049

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROUSE, ELEANOR
5603 80TH ST. N; #109
SAINT PETERSBURG, FL 33709**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**M
ROUSE, ELEANOR
5603 80TH ST. N. #109
SAINT PETERSBURG, FL 33709**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VM
DANA, SHERRILL
5540 14TH AVE. N
SAINT PETERSBURG, FL 33710**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
NORTON, AARON
2770 ROOSEVELT BLVD APT# 6102
CLEARWATER, FL 33760**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Elean R Rouse **727-541-4517** **1-7-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #