


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2008 8:00 am**  
**Secretary of State**

01-17-2008 90022 025 \*\*\*\*61.25

<b>DOCUMENT # 743841</b>	
1. Entity Name <b>TRINITY UNITED CHURCH OF CHRIST OF ST. PETERSBURG, FLORIDA, INC.</b>	

Principal Place of Business <b>1150- 49TH. STREET NORTH ST. PETERSBURG, FL 33710</b>	Mailing Address <b>1150- 49TH. STREET NORTH ST. PETERSBURG, FL 33710</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01032008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-0791049</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>Mrs. Sherrill Dana 5540 14th Ave. N. St. Petersburg FL 33710</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<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 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M ROUSE, ELEANOR 5603 80TH ST. N. #109 SAINT PETERSBURG, FL 33709</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Mrs. Sherrill Dana - Moderator</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5540 14th Ave. N. St. Petersburg FL 33710</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VM DANA, SHERRILL 5540 14TH AVE. N SAINT PETERSBURG, FL 33710</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Ms. Louanne Walters -Steering Team Leader</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4524 Southampton CT. Tampa FL 33618</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T NORTON, AARON 2770 ROOSEVELT BLVD APT# 6102 CLEARWATER, FL 33760</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Shirley Stevens - Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6608 North Church Ave. Tampa FL 33614-3907</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Mr. John Romig - Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1440 74th St N St. Petersburg FL 33710</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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:** Sherrill Dana Jan 14, 2008 727-560-1946  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #