


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90038 016 ****61.25

DOCUMENT # 747802
 1. Entity Name
TRINITY CHURCH OF THE NAZARENE INC.



Principal Place of Business Mailing Address
 1000-55TH STREET SOUTH 1000-55TH STREET SOUTH
 GULFPORT FL 33707 GULFPORT FL 33707



2. Principal Place of Business - No P.O. Box #
1000-55th Street S
 Suite, Apt. #, etc.

3. Mailing Address
1000-55th Street S
 Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State
Gulfport, FL

City & State
Gulfport, FL

Zip Country Zip Country
33707 USA 33707 USA

4. FEI Number
59-1696007

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BELUS, DENNIS E REV
2521-2ND AVE N.
SAINT PETERSBURG FL 33713

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 *Rev. Dennis E. Belus* *Rev. Dennis E. Belus* *2/13/07*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW: FEE IS \$61.25 -
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	VENIA, KELLY	
STREET ADDRESS	2521 2ND AVE N	
CITY - ST - ZIP	SAINT PETERSBURG FL 33713	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VENIA, MARK	
STREET ADDRESS	2521 2ND AVE N	
CITY - ST - ZIP	SAINT PETERSBURG FL 33713	
TITLE	D	<input type="checkbox"/> Delete
NAME	LINDSEY, ROBERT	
STREET ADDRESS	11TH AVE S	
CITY - ST - ZIP	GULFPORT FL 33707	
TITLE	D	<input type="checkbox"/> Delete
NAME	LINDSEY, MARY	
STREET ADDRESS	11TH AVE S	
CITY - ST - ZIP	GULFPORT FL 33707	
TITLE	CP	<input type="checkbox"/> Delete
NAME	BELUS, MARY	
STREET ADDRESS	2521 - 2ND AVE N	
CITY - ST - ZIP	SAINT PETERSBURG FL 33713	
TITLE	P	<input type="checkbox"/> Delete
NAME	BELUS, DENNIS	
STREET ADDRESS	2521 - 2ND AVE N	
CITY - ST - ZIP	SAINT PETERSBURG FL 33713	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Rev. Dennis E. Belus* *Rev. Dennis E. Belus* *2/13/07* *(322) 321-1598*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #