

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90045 029 ****61.25

40007496



01032007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-0638497

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GREEN, BENSON T.
5402 TOWER ROAD
TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent

Name Lori Mattice
Street Address (P.O. Box Number is Not Acceptable)
3700 Bobbin Brook Way
City Tallahassee FL Zip Code 32312-1226

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 X Lori Mattice
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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TRES PEEBLES, WILLIAM L JR 2317 KILKENNY DR W TALLAHASSEE, FL 323093140	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TRUS ELLIOTT, LESLIE 9016 GLEN EAGLE WAY TALLAHASSEE, FL 323124033	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TRUS ROGERS, SAMUEL JR. 1741 MARSTON WAY TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TRUS CAMPBELL, JAMES I. IV 7030 STANDING PINES RD TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TRUS WOLLSCHAGER, T. LYNN 2865 ASBURY HILL DR. TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT WELLS, BART 339 MILESTONE DR. TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TRUSTEE CHARLES GLEN MCDUFFIE 7010 DUCK CREEK RD TALLAHASSEE, FL 32312-9689	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/07

950 222 1120

ATTACHMENT

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 761942

1. Entity Name
TRINITY UNITED METHODIST CHURCH OF
TALLAHASSEE, FLORIDA, INC.



Principal Place of Business
120 WEST PARK
TALLAHASSEE, FL 32302

Mailing Address
P.O. BOX 1086
TALLAHASSEE, FL 32302

40007496

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01032007 Chg-NP CR2E037 (12/06)

City & State
Zip Country

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SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #