2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 05, 2008 8:00 am Secretary of State 02-05-2008 90008 043 ****61.25

Signature Sign	DOCUMENT # 761942 1. Entity Name TRINITY UNITED METHODIST CHURCH OF TALLAHASSEE, FLORIDA, INC.					02-05-20	08 90008 043 ***	**61.25
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. O1042008 Chg. NP CR2E037 (12/06)	120 WEST PARK P.O. BOX 1086					:	NAK DIRAT DIRAT DIRAT DIRAT	
City & State Country S. Contrict of Section	2. Principal Place of Business - No P.O. Box # 3.		3. Mailing Address					
September Sept	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042008	Chg-NP	CR2E037 (12/06))
S. Name and Address of Current Registered Agent MATTICE, LORI 370 BOBBIN BROOK WAY TALLAHASSEE, FL 32312-1226 City 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 Plorida. I am termilier with, and acceptable of the obligations of registered agent. SIGNATURE FILING Fee is \$61.25 Due by May 1, 2008 TRIES TRES PEBLES, WILLIAM L JR SIRET ADMRSS TOTAL AHASSEE, FL 323129689 TILE TRUS MAK MCDUFFIE, CHARLES GLEN TRUS Debte TILE TRUS CHARLES C. H. 323129689 TILE TRUS Debte TILE TRUS Debte TILE TRUS Debte TILE TRUS CHARLES C. H. 323129689 TILE TRUS Debte TILE TRUS Debte TILE TRUS CHARLES C. H. 323129689 TILE TRUS TALLAHASSEE, FL 323129689 TILE TRUS CHARLES C. H. 32129689 TILE TRUS TALLAHASSEE, FL 323129689 TILE TRUS CHARLES C. H. 32312 CHARLES C. H	City & State		City & State				├	Applied For Not Applicable
MATTICE, LORI 370 BOBBIN BROOK WAY TALLAHASSEE, FL 32312-1226 City FL Zip Code 8. The above named antity submits this statement for the purpose of changing its registered agent, or both, in the State of Plotida. I am familiar with, and according to registered agent, or both, in the State of Plotida. I am familiar with, and according to registered agent, or both, in the State of Plotida. I am familiar with, and according to registered agent, or both, in the State of Plotida. I am familiar with, and according to registered agent, or both, in the State of Plotida. I am familiar with, and according to registered agent, or both, in the State of Plotida. I am familiar with, and according to registered agent, or both, in the State of Plotida. I am familiar with, and according to the obligations of registered agent, or both, in the State of Plotida. I am familiar with, and according to the obligations of registered agent, or both, in the State of Plotida. I am familiar with, and according to the obligations of registered agent, or both, in the State of Plotida. I am familiar with, and according to the obligations of registered agent, or both, in the State of Plotida. I am familiar with, and according to the obligations of registered agent, or both, in the State of Plotida. I am familiar with, and according to the obligation of registered agent, or both, in the State of Plotida. I am familiar with, and according to the obligation of registered agent, or both, in the State of Plotida. I am familiar with, and according to the obligation of registered agent, or both, in the State of Plotida. I am familiar with, and according to the obligation of registered agent, or both in the State of Plotida. I am familiar with, and according to the State of Plotida. ITIE TRUS I	Zip	Country	Zíp	Country	5. Certificat	e of Status Desired		
MATTICE, LORI 370 BOBBIN BROOK WAY TALLAHASSEE, FL 32312-1226 City FL Zip Code		6. Name and Address of Current	Registered Agent		7. Name an	d Address of New	Registered Agent	
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City City City City City FL Zip Code City City City FL Zip Code City City City City City FL Zip Code City City City City City City FL Zip Code City City City City City City FL Zip Code City City City City City City FL Zip Code City		1.00		Name				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Plorida. I am familiar with, and accidence of registered agent. SIGNATURE Common	370 BOBBIN BROOK WAY			Street Ac	Street Address (P.O. Box Number is Not Acceptable)			
SIGNATURE	•			City	ity FL Zip Code			
Filling Fee is \$61.25 Due by May 1, 2008 Professional profession		•	the purpose of changing its re	egistered office or	registered agent, or b	oth, in the State of I	Florida. I am familiar wit	h, and accept
Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11ILE RES PEEBLES, WILLIAM L JR STREET ADDRESS CITY-ST-2IP TALLAHASSEE, FL 323093140 11ILE TR MAME MCDUFFIE, CHARLES GLEN STREET ADDRESS CITY-S1-2IP TALLAHASSEE, FL 323129689 11ILE TRUS MAME ROGERS, SAMUEL JR. STREET ADDRESS CITY-S1-2IP TALLAHASSEE, FL 32308 11ILE TRUS MAME ROGERS, SAMUEL JR. STREET ADDRESS CITY-S1-2IP TALLAHASSEE, FL 32308 11ILE TRUS MAME ROGERS, SAMUEL JR. STREET ADDRESS CITY-S1-2IP TALLAHASSEE, FL 32308 11ILE TRUS MAME ROGERS, SAMUEL JR. STREET ADDRESS CITY-S1-2IP TALLAHASSEE, FL 32308 11ILE TRUS MAME CAMPBELL, JAMES I. IV STREET ADDRESS STREET ADDRESS TALLAHASSEE, FL 32312 11ILE TRUS MAME CAMPBELL, JAMES I. IV STREET ADDRESS TALLAHASSEE, FL 32312 11ILE TRUS MAME CAMPBELL, JAMES I. IV STREET ADDRESS TALLAHASSEE, FL 32312 11ILE TRUS MAME WOLLSCHAGER, T. LYNN STREET ADDRESS STREET ADDRESS TALLAHASSEE, FL 32312 11ILE TRUS MAME WOLLSCHAGER, T. LYNN STREET ADDRESS TALLAHASSEE, FL 32312 11ILE TALLAHASSEE, FL 32312 11ILE TRUS MAME WOLLSCHAGER, T. LYNN STREET ADDRESS TALLAHASSEE, FL 32312 11ILE TRUS MAME TALLAHASSEE, FL 32312 11ILE TRUS MAME WOLLSCHAGER, T. LYNN STREET ADDRESS TALLAHASSEE, FL 32312 11ILE TALLAHASSEE, FL 32312 11ILE TALLAHASSEE, FL 32312	SIGNATURE !	Signature, tweed or or writed marine of recister editagent	Hu -				1/23/08	
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STREET ADDRESS 339 MILESTONE DR. CITY-ST-ZIP TALLAHASSEE, FL 32312 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 informatio indicated on this report or supplemental report is true and accurate and that may signature shall have the same legal effect as if made under cash; that I am an officier or direct.	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIF TRES PEEBLES, WILLIAM L JR 2317 KILKENNY DR W TALLAHASSEE, FL 323093140 TR MCDUFFIE, CHARLES GLEN 7010 DUCK COVE RD TALLAHASSEE, FL 323129689 TRUS ROGERS, SAMUEL JR. 1741 MARSTON WAY TALLAHASSEE, FL 32308 TRUS CAMPBELL, JAMES I. IV 7030 STANDING PINES RD TALLAHASSEE, FL 32312 TRUS WOLLSCHAGER, T. LYNN 2865 ASBURY HILL DR.	9. Election Camp Trust Fund Co	paign Financing ontribution. 11. IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS	\$5.00 May Added to Fee ADDITIONS/C Trustee Beth Land 5002 Britallahas	S FI HANGES TO OFFICE PL P+	CERS AND DIRECTORS Change Change	State IN 10 Addition Addition Addition

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