

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

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90030 020 ****70.00

DOCUMENT # N00000005396

1. Entity Name
TRINITY CHRISTIAN FELLOWSHIP CENTER, INC.



Principal Place of Business
**800 COCONUT AVE
SARASOTA, FL 34236**

Mailing Address
**800 COCONUT AVE
NBR 13
SARASOTA, FL 34236**

46111031



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01212007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-1022936

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**SMITH, R. VINCENT III
1747 INDEPENDENCE BLVD
NBR 13
SARASOTA, FL 34234**

7. Name and Address of New Registered Agent

Name **Smith, R. Vincent, III**
Street Address (P.O. Box Number is Not Acceptable)

800 N. Coconut Ave
City **SARASOTA** FL Zip Code **34236**

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

R. Vincent Smith III

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	PD	<input type="checkbox"/> Delete
NAME	SMITH, R. VINCENT III	
STREET ADDRESS	2273 SEWARD CIR	
CITY-ST-ZIP	SARASOTA, FL 34234	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	MURRAY, WALLACE T	
STREET ADDRESS	5945 RAVENWOOD DR	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LOWE, TONI V	
STREET ADDRESS	1702 CHRYSLER AVE	
CITY-ST-ZIP	SARASOTA, FL 34235	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thigham, Dorothy	
STREET ADDRESS	3006 maple ave.	
CITY-ST-ZIP	SARASOTA, FL 34234	
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 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:

R. Vincent Smith III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-07 941-238-7904