

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0003227

DOCUMENT # N01000001659

1. Entity Name
TRINITY ANGLICAN CHURCH, INC.



FILED

03 SEP 22 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05-08-03 01027 01189625-64.10



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business
4240 HWY 90
PACE FL 32571

Mailing Address
4240 HWY 90
PACE FL 32571

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3705048

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

7. Name and Address of New Registered Agent

ADAMS, MARIE
7024 PINE BLOSSOM ROAD
MILTON FL 32570

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 Marie Adams, Treasurer

9/1/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME ALLEN, LANA E
STREET ADDRESS 6724 ROCKEY SHORES RD
CITY-ST-ZIP MILTON FL 32583

TITLE TREASURER ☐ Change ☒ Addition
NAME MARIE ADAMS
STREET ADDRESS 7024 PINE BLOSSOM RD
CITY-ST-ZIP MILTON, FL 32570

TITLE P ☒ Delete
NAME PRECHT, ROYCE
STREET ADDRESS 6439 MADDOX RD
CITY-ST-ZIP MILTON FL 32570

TITLE SUZANNE MANN ☐ Change ☒ Addition
NAME SUZANNE MANN
STREET ADDRESS 5464 OAK MEADOWS DR
CITY-ST-ZIP MILTON, FL 32570

TITLE D SECRETARY ☐ Delete
NAME BUXTON, ROBERTA 3898 SU
STREET ADDRESS 3898 SUNNY MANOR CIRCLE
CITY-ST-ZIP MILTON FL 32583

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☒ Delete
NAME GONZALEZ, MURRAY
STREET ADDRESS 141 MAHOGANY DR
CITY-ST-ZIP PACE FL 32571

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☒ Delete
NAME EVANS, VICKIE
STREET ADDRESS 4124 PACE LANE
CITY-ST-ZIP MILTON FL 32571

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D PRESIDENT ☐ Delete
NAME PLEASANT, BOB
STREET ADDRESS 4884 SAN MIGUEL ST
CITY-ST-ZIP MILTON FL 32583

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: MARIE ADAMS 9/1/03 850/981-9526

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (4/03)