


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90429 029 \*\*\*\*61.25

<b>DOCUMENT # N01000007910</b>					
<b>1. Entity Name</b> TRINITY UNITED METHODIST CHURCH OF LAKE CITY, FLORIDA, INC.					
<b>Principal Place of Business</b> 310 MARTIN LUTHER KING JR. DRIVE LAKE CITY, FL				<b>Mailing Address</b> POST OFFICE BOX 3508 LAKE CITY, FL 32056	
<b>2. Principal Place of Business</b> 248 MARTIN L KING JR DR		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> LAKE CITY, FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 59-3758972	
Zip 32055		Country COLUMBIA		Zip	
Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  TUNSIL, MERRILL C 343 E DUVAL STREET LAKE CITY, FL 32055			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D ROBINSON, MARLOWE A 505 W. JEFFERSON STREET LAKE CITY, FL 32055	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D MYRTLE MERRELL PO BOX 3508 LAKE CITY, FL 32056	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D OWENS, WALTER RT 8 BOX 462 LAKE CITY, FL 32055	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, COREY PO BOX 3508 LAKE CITY, FL 32056	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D MORGAN, TIMOTHY 813 BAILEY STREET LAKE CITY, FL 32055	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D PARNELL, ASHLEY PO BOX 221 LAKE CITY, FL 32056	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D PHILPOT, MARK 276 NE OOSTERHOUDT LAKE CITY, FL 32055	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D JEFFERSON, EUGENE PO BOX 3508 LAKE CITY, FL 32056	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D BURGESS, MICHAEL D 1065 W. JEFFERSON STREET LAKE CITY, FL 32055	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D CURINTON, ROSA L ROUTE 9 BOX 2076 LAKE CITY, FL 32024	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>				<small>Daytime Phone #</small>	