

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

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90122 033 ****61.25

DOCUMENT # N01000007910

1. Entity Name

**TRINITY UNITED METHODIST CHURCH OF LAKE CITY, FL
ORIDA, INC.**



Principal Place of Business

**310 MARTIN LUTHER KING JR. DRIVE
LAKE CITY FL**

Mailing Address

**POST OFFICE BOX 3508
LAKE CITY FL 32056**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3758972**

Applied For

Not Applicable

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

**TUNSIL, MERRILL C
343 E DUVAL STREET
LAKE CITY FL 32055**

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

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

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 **ROBINSON, MARLOWE A**
STREET ADDRESS **505 W. JEFFERSON STREET**
CITY-ST-ZIP **LAKE CITY FL 32055**

TITLE **D** ☒ Delete
NAME **JEFFERSON, BETTY W**
STREET ADDRESS **1310 CENTER STREET**
CITY-ST-ZIP **LAKE CITY FL 32055**

TITLE **D** ☐ Delete
NAME **MORGAN, TIMOTHY**
STREET ADDRESS **813 BAILEY STREET**
CITY-ST-ZIP **LAKE CITY FL 32055**

TITLE **D** ☐ Delete
NAME **MCKELLUM, LESTER**
STREET ADDRESS **802 W. NORTH STREET**
CITY-ST-ZIP **LAKE CITY FL 32055**

TITLE **D** ☐ Delete
NAME **BURGESS, MICHAEL D**
STREET ADDRESS **1065 W. JEFFERSON STREET**
CITY-ST-ZIP **LAKE CITY FL 32055**

TITLE **D** ☐ Delete
NAME **CURINTON, ROSA L**
STREET ADDRESS **ROUTE 9 BOX 2076**
CITY-ST-ZIP **LAKE CITY FL 32024**

TITLE **D** ☐ Change ☒ Addition
NAME **MARK PHILPOT**
STREET ADDRESS **276 N. W. Oosterhouse Lane**
CITY-ST-ZIP **Lake City, FL 32055**

TITLE **D** ☐ Change ☒ Addition
NAME **WALTER OWENS**
STREET ADDRESS **Route 8, Box 462**
CITY-ST-ZIP **Lake City, FL 32055**

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

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

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

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: *[Signature]*

X 2-24-03

CR2F037 (10/02)