

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

**FILED**  
**Aug 20, 2003 8:00 am**  
**Secretary of State**

08-20-2003 90050 009 \*\*\*\*\*61.25

**DOCUMENT # N02000008097**

1. Entity Name

**TRINITY FAMILY CHURCH, INC.**



Principal Place of Business

**7218 HUMMINGBIRD LANE  
NEW PORT RICHEY FL 34655**

Mailing Address

**7218 HUMMINGBIRD LANE  
NEW PORT RICHEY FL 34655**

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

**04-74-3066387**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**APPELGRIJN, JOHANNES J DR.  
7218 HUMMINGBIRD LANE  
NEW PORT RICHEY FL 34655**

7. Name and Address of New Registered Agent

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  
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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>APPELGRIJN, JOHANNES J DR.</b>	
STREET ADDRESS	<b>7218 HUMMINGBIRD LANE</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34655</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>APPELGRIJN, FREDERICK C</b>	
STREET ADDRESS	<b>7522 MITCHEL RANCH RD.</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 24655</b>	
TITLE	<b>S/T</b>	<input type="checkbox"/> Delete
NAME	<b>STRYDOM, PETRUS</b>	
STREET ADDRESS	<b>10926 KENMORE DR</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34654</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 REQUIRED: APPELGRIJN**

**7/30/2003**

**727-2438507**

CR2E037 (4/03)