

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State
 02-26-2001 90507 016 ****61.25

DOCUMENT # N10233

1. Entity Name

TRINITY EVANGELICAL PRESBYTERIAN CHURCH, INC.

Principal Place of Business

**5150 OLEANDER AVENUE
 FT PIERCE FL 34982**

Mailing Address

**5150 OLEANDER AVENUE
 FT PIERCE FL 34982**

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

65-0018222

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

**THOMAS, JEFFREY G.
 809 PARKWAY DRIVE
 FT PIERCE FL 34950**

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.

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
 NAME **JENNINGS, CONSTANCE**
 STREET ADDRESS **611 PALM BEACH DRIVE**
 CITY-ST-ZIP **STUART FL**

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **SHIRA, DAVID**
 STREET ADDRESS **2032 SW JUDITH AVE**
 CITY-ST-ZIP **PORT ST LUCIE FL 34953**

TITLE **D** ☐ Delete
 NAME **HAHN, LYNN**
 STREET ADDRESS **1017 SHAKESPEARE AVE**
 CITY-ST-ZIP **PT ST LUCIE FL**

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **PULS, BILL**
 STREET ADDRESS **1166 SW ELEUTHERA AVE**
 CITY-ST-ZIP **PORT ST LUCIE, FL 34953**

TITLE **D** ☒ Delete
 NAME **DEVAUCT, LLOYD**
 STREET ADDRESS **5202 HICKORY DR**
 CITY-ST-ZIP **FORT PIERCE FL 34982**

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

TITLE **D** ☐ Delete
 NAME **HILL, WILMA**
 STREET ADDRESS **784 NW PLACID AVE**
 CITY-ST-ZIP **PORT ST. LUCIE FL 34983**

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

TITLE **D** ☐ Delete
 NAME **BICE, DAVID**
 STREET ADDRESS **2803 GROVE DR**
 CITY-ST-ZIP **FT. PIERCE FL**

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

TITLE ☐ Delete
 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:

CONSTANCE R. JENNINGS 7/1/01 (201) 286-7466
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)